

REDACTED

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

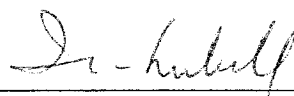
In the Matter of the Accusation        )  
Against:                                        )  
  )  
          JAMES H. BLAND, M.D.                )       No. D-5668  
          Certificate No. A-43584             )  
  )  
  Respondent.   )  
\_\_\_\_\_

DECISION

The attached Stipulation is hereby adopted by the Division of  
Medical Quality as its Decision in the above-entitled matter.

This Decision shall become effective on March 9, 1995.

IT IS SO ORDERED February 7, 1995.

By:   
IRA LUBELL, M.D.  
Chairperson, Panel A  
Division of Medical Quality

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 JANA L. TUTON  
Supervising Deputy Attorney General  
3 DANIEL J. TURNER  
Deputy Attorney General  
4 1515 K Street, Suite 511  
P.O. Box 944255  
5 Sacramento, California 94244-2550  
Telephone: (916) 327-7852  
6  
7 Attorneys for Complainant

8 BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
9 DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation ) No. D-5668  
12 Against: )  
JAMES H. BLAND, M.D. ) STIPULATION  
13 1607 11th Street, S.W. )  
14 Minot, ND 58701 )  
Respondent. )  
15

16 The parties to this action stipulate and agree as  
17 follows:

- 18 1. Respondent JAMES H. BLAND, M.D., (hereinafter  
19 "respondent"), was heretofore issued Physician and Surgeon  
20 Certificate No. A-43584 to practice medicine under the laws of  
21 the State of California. Said certificate is presently current  
22 and in full force and effect.
- 23 2. On or about February 2, 1994, an accusation  
24 bearing number D-5668 was filed by Dixon Arnett, Executive  
25 Director of the Medical Board of California, in his official  
26 capacity as such. The accusation alleged causes of disciplinary  
27 action against respondent, and is incorporated hereby by

1 reference as though fully set forth at this point. Accusation  
2 number D-5668 alleges that respondent is subject to disciplinary  
3 action pursuant to Business and Professions Code section 2234.  
4 Respondent was duly and properly served with accusation number D-  
5 5668, by certified mail.

6           3. Respondent has retained Robert J. Lamont, as his  
7 attorney in this matter. Respondent has fully discussed with his  
8 counsel the charges and allegations of violation of the  
9 California Business and Professions Code alleged in accusation  
10 number D-5668 and has been fully advised of his rights under the  
11 Administrative Procedure Act of the State of California, includ-  
12 ing his right to a formal hearing and opportunity to be defended  
13 against the charges contained therein, and reconsideration and  
14 appeal of any adverse decision that might be rendered following  
15 said hearing. Respondent knowingly and intelligently waives his  
16 rights to a hearing, reconsideration, appeal and to any and all  
17 other rights which may be accorded him pursuant to the Admini-  
18 strative Procedure Act regarding the charges contained in accus-  
19 ation number D-5668 subject to the provisions of paragraph 6  
20 herein.

21           4. Respondent, without admitting or denying the alle-  
22 gations in the accusation, stipulates for the purpose of this  
23 proceeding and any other proceeding between the parties and any  
24 other action taken by and before any governmental body responsi-  
25 ble for licensing, that the following allegations shall be deemed  
26 to be true and that the Division of Medical Quality shall have  
27 jurisdiction to impose the order set forth in this stipulation:

1           Respondent is subject to disciplinary action pursuant  
2 to sections 2234 and 2305 of the Code for the following:

3           A.    On or about April 21, 1989, the U.S. Army  
4 permanently revoked respondent's clinical privileges. A copy of  
5 the U.S. Army's order is attached hereto as Exhibit A.

6           B.    On or about December 29, 1992, the Department  
7 of the Air Force revoked respondent's clinical privileges for  
8 failure to give truthful and correct answers on his application  
9 for clinical privileges. A copy of the Air Force order is  
10 attached as Exhibit B.

11           C.    On or about September 14, 1993, the North  
12 Carolina Board of Medical Examiners disciplined respondent  
13 including revocation of respondent's medical license, revocation  
14 stayed, two years probation and requiring respondent to take a  
15 psychiatric evaluation.

16           5.    Based on the foregoing stipulation, the Division  
17 of Medical Quality, Medical Board of California, may issue the  
18 following order:

19           A.    The license to practice medicine and surgery  
20 in the State of California issued to respondent is hereby  
21 revoked, provided, however, that execution of this order of  
22 revocation is stayed and respondent is placed on probation for  
23 five (5) years upon the following terms and conditions:

24                   (1) Should respondent decide to reside or  
25 practice medicine in California, at least 30 days before doing  
26 either, respondent shall notify the Division in writing of his  
27 intent to do so.

1                   (2) Within sixty (60) days of respondent  
2 either taking up residency or practicing medicine in California,  
3 respondent shall take and pass an oral exam in psychiatry to be  
4 administered by the Division or its designee. If respondent  
5 fails this examination, respondent must take and pass a reexami-  
6 nation consisting of a written as well as an oral examination.  
7 The waiting period between repeat examinations shall be at three  
8 month intervals until success is achieved. If respondent fails  
9 the first examination, respondent shall cease the practice of  
10 medicine until the re-examination has been successfully passed,  
11 as evidenced by written notice to respondent from the Division.  
12 Failure to pass the required examination no later than 100 days  
13 prior to the termination date of probation shall constitute a  
14 violation of probation. Respondent shall pay the costs of all of  
15 the above examinations.

16                   (3) If respondent either take up residency  
17 or practices medicine in California respondent shall maintain a  
18 record of all controlled substances prescribed, dispensed or  
19 administered by respondent during probation, showing all the  
20 following: 1) the name and address of the patient, 2) the date,  
21 3) the character and quantity of controlled substances involved,  
22 and 4) the indications and diagnosis for which the controlled  
23 substance was furnished.

24                   Respondent shall keep these records in a  
25 separate file or ledger, in chronological order, and shall make  
26 them available for inspection and copying by the Division or its  
27 designee, upon request.

1 (4) Within 60 days of the effective date  
2 of this decision, respondent shall submit to the Division for  
3 its prior approval a course in Ethics, which respondent shall  
4 successfully complete during the first year of probation.

5 (5) While residing or practicing medicine in  
6 California respondent shall abstain completely from the personal  
7 use or possession of controlled substances as defined in the  
8 California Uniform Controlled Substances Act, and dangerous drugs  
9 as defined by Section 4211 of the Business and Professions Code,  
10 or any drugs requiring a prescription.

11 Orders forbidding respondent from  
12 personal use or possession of controlled substances or dangerous  
13 drugs do not apply to medications lawfully prescribed to  
14 respondent for a bona fide illness or condition by another  
15 practitioner.

16 (6) Respondent if residing or practicing  
17 medicine in California, shall immediately submit to biological  
18 fluid testing, at respondent's cost, upon the request of the  
19 Division or its designee.

20 (7) Within 60 days of respondent either  
21 taking up residency or practicing medicine in California,  
22 respondent shall submit to the Division for its prior approval a  
23 course in Ethics, which respondent shall successfully complete  
24 during the first year of probation.

25 (8) Within 30 days after respondent either  
26 takes up residency or practices medicine in California,  
27 respondent shall be evaluated by the Division's Diversion

1 Program. Should the Division's Diversion Program thereafter  
2 determine that respondent is eligible for the Diversion Program,  
3 respondent shall enroll and participate in the Diversion Program  
4 until the Division determines that further treatment and  
5 rehabilitation is no longer necessary. Quitting the program  
6 without permission or being expelled for cause shall constitute a  
7 violation of probation by respondent.

8 (9) If respondent is residing or practicing  
9 medicine in California respondent shall obey all federal, state  
10 and local laws, and all rules governing the practice of medicine  
11 in California.

12 (10) If respondent is residing or practicing  
13 medicine in California respondent shall submit quarterly declar-  
14 ations under penalty of perjury on forms provided by the  
15 Division, stating whether there has been compliance with all  
16 conditions of probation.

17 (11) If respondent is residing or practicing  
18 medicine in California respondent shall comply with the  
19 Division's probation surveillance program.

20 (12) If respondent is residing or practicing  
21 medicine in California respondent shall appear in person for  
22 interviews with the Division's medical consultant upon request at  
23 various intervals and with reasonable notice.

24 (13) The period of probation shall not run  
25 during the time respondent is residing or practicing outside the  
26 jurisdiction of California. If, during probation, respondent  
27 moves out of the jurisdiction of California to reside or practice

1 elsewhere, respondent is required to immediately notify the  
2 Division in writing of the date of departure, and the date of  
3 return, if any.

4 (14) Upon successful completion of probation,  
5 respondent's certificate will be fully restored.

6 (15) If respondent violates probation in any  
7 respect, the Division after giving respondent notice and the  
8 opportunity to be heard, may revoke probation and impose the  
9 revocation that was stayed. If an accusation or petition to  
10 revoke probation is filed against respondent during probation,  
11 the Division shall have continuing jurisdiction until the matter  
12 is final, and the period of probation shall be extended until the  
13 matter is final.

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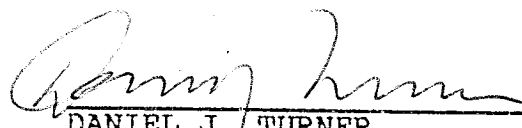
27 ///



1           6. It is agreed that the terms set forth herein shall  
2 be null and void and not binding upon the parties hereto unless  
3 approved by the Medical Board of California of the State of  
4 California.


5                                   DANIEL E. LUNGREN, Attorney General  
6                                   of the State of California

7  
8 DATED: 9-16-94

  
DANIEL J. TURNER  
Deputy Attorney General

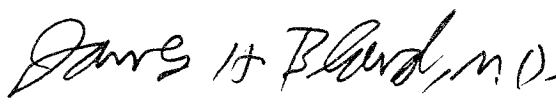
Attorneys for Complainant

11  
12 DATED: 9/1/94

  
ROBERT J. LAMONT

Attorney for Respondent

15  
16 DATED: 8/20/94

  
JAMES H. BLAND, M.D.

Respondent





DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041-3258

May 5, 1989



REPLY TO  
ATTENTION OF

Quality Assurance Division

Bryant L. Galusha, M.D.  
Executive Vice President  
Federation of State Medical Boards of the  
United States, Inc.  
2630 W. Freeway, Suite #138  
Fort Worth, Texas 76102-7199

Dear Doctor Galusha:

Information is provided on the following named physician whose  
clinical practice privileges were revoked

Name: Bland, James H.

Date of Birth/SSAN: [REDACTED]

Degree: Eastern Virginia Medical School  
MD, 1983

Specialty: Psychiatry

Action Taken: Marijuana was found in urine  
sample of CPT Bland. He was  
offered a court martial by the  
Commanding General, but, was  
permitted to resign for the good  
of the service. His resignation  
request was returned approved on  
20 April 1989. CPT Bland will  
receive a less-than-honorable  
discharge and has 14 days till  
separation.

Date of Orginial Action: 21 April 1989

If additional information is required it may be obtained from:

Chief, Provider Actions Branch  
Office of The Surgeon General, HQDA (SGPS-PSQ)  
5109 Leesburg Pike, Falls Church, VA 22041-3258

Sincerely,

TRUE CERTIFIED COPIES  
BY DASG-PSQ *[Signature]*

*[Signature]*  
Lieutenant Colonel, Medical Corps  
Chief, Provider Actions Branch

## PRACTICAL PRIVILEGE ACTION REPORT

For use of this form, see AR 40-66; the proponent agency is The Office of The Surgeon General

1. Practitioner's Name BLAND, JAMES H.		2. SSN [REDACTED]	3. Rank/Branch CPT?MC	4. Date of Birth (mm/dd/yy) [REDACTED]
5. Medical/Dental Treatment Facility Darnall Army Community Hospital Fort Hood, Texas 76544-5063		6. Reason for submission Initial Periodic Final ( ) ( ) (x)		
7. Date of Original Action: 04 21 89		8. Method of Problem Identification: (e.g. patient, other staff Supervisor, QA System, etc.		
9. Military ( ) Civilian ( ) Volunteer ( ) Civil Svc ( ) AFHPSP ( ) Contracted ( ) USUHS ( ) Other (specify) Reservist ( )		10. Clinical Specialty: Board Certification: ( ) Yes ( ) No ECFMG # (If applicable) Licensure (give state(s) and Expiration Date(s)		
11. School (Med, Dent, Nursing, etc) Name: Degree: Date Graduated:		12. Postgraduate CHE (give location(s) and date(s)		
13. Copy provided appropriate branch: (x) Yes ( ) No (If no, specify reason)				
( ) TEMPORARY ( ) PERMANENT				
( ) Limited Suspension (extent and duration) ( ) Limited Revocation (extent)				
( ) Total Suspension (duration) ( ) Total Revocation				
( ) Other (specify: e.g. Temp assignment to non-clinical duties) ( ) Other (specify)				
15. REASON FOR ACTION				
( ) Alcohol/Drug abuse (specify)				
( ) Conduct/Behavior				
( ) Psychiatric				
( ) Incompetent skills				
( ) Medical Disability (specify)				
( ) Other (specify)				
16. FURTHER ACTIONS				
17. ADDITIONAL COMMENTS				
ACTION Pending Completed Date: 1. Separated for cause ( ) ( ) 2. Resigned ( ) (x) 05 03 89 3. Retired ( ) ( ) 4. Flag ( ) ( ) 5. Special pay removal ( ) ( ) 6. Training (specify) ( ) ( ) 7. Other (specify) ( ) ( )				
No Change				
TRUE CERTIFIED COPIES BY DASG-PSQ [Signature]				
18. RESTORATION OF PRIVILEGES				
Limited Restoration (specify) Date of Action				
Total Restoration Date of Action				
Preparer Name: [REDACTED] COL, MC Title: DGCS Phone Number: AV 738-8482 Date: 05 01 89				
Releaser Name: [REDACTED] Colonel, Medical Corps Title: Deputy Commander for Clinical Services Signature: [REDACTED]				

# PRACTITIONER PRIVILEGE ACTION REPORT

of this form, see AR 40-66; the proponent agency is The Office of The Surgeon General			
1. Practitioner's Name <b>BLAND, JAMES H.</b>	2. SSN [REDACTED]	3. Rank/Branch CPT/MC	4. Date of Birth (mm/dd/yy) [REDACTED]
5. Medical/Dental Treatment Facility Darnall Army Community Hospital Fort Hood, Texas 76544-5063		6. Reason for submission Initial (X)    Periodic ( )    Final ( )	
7. Date of Original Action: 21 April 1989		8. Method of Problem Identification: (e.g. patient, other staff Supervisor, QA System, etc.)	
9. Military (X)    Civilian ( ) Volunteer ( )    Civil Svc ( ) AFHPSP ( )    Contracted ( ) USUHS ( )    Other (specify) Reservist ( )		10. Clinical Specialty: Psychiatry Board Certification: ( ) Yes (X) No ECFMG # <u>NA</u> (If applicable) Licensure (give state(s) and Expiration Date(s) California, 08 31 89	
11. School (Med, Dent, Nursing, etc) Name: Eastern Virginia Medical School Degree: MD Date Graduated: 06 18 83		12. Postgraduate CHE (give location(s) and date(s) Internship, Letterman Army Medical Center, Presidio of San Francisco, California, 07 01 83 to 06 30 8 Residency, Letterman Army Medical Center, Presidio of San Francisco, California, 07 01 84 to 10 31 8	
13. Copy provided appropriate branch: (X) Yes    ( ) No (If no, specify reason)			
( ) TEMPORARY		(X) PERMANENT	
( ) Limited Suspension (extent and duration)		( ) Limited Revocation (extent)	
( ) Total Suspension (duration)		(X) Total Revocation	
( ) Other (specify: e.g. Temp assignment to non-clinical duties)		( ) Other (specify)	
15. REASON FOR ACTION			
(X) <del>Alcohol</del> /Drug abuse (specify) Marijuana ( ) Conduct/Behavior ( ) Psychiatric		( ) Incompetent skills ( ) Medical Disability (specify) ( ) Other (specify)	
16. FURTHER ACTIONS		17. ADDITIONAL COMMENTS	
ACTION	Pending	Completed	Date:
1. Separated for cause ( )	( )	( )	Marijuana was detected in urine sample of CPT Bland. He was offered a court martial by the Commanding General, but, was permit to resign for the good of the service. Hi resignation request was returned approved on 20 April 1989. CPT Bland will receive a less-than-honorable discharge and has 14 days until separation.
2. Resigned ( )	( )	( )	
3. Retired ( )	( )	( )	
4. Flag ( )	( )	( )	
5. Special pay removal ( )	( )	( )	
6. Training (specify) ( )	( )	( )	
7. Other (specify) ( )	( )	( )	
18. RESTORATION OF PRIVILEGES			
Limited Restoration (specify)		Date of Action	
Total Restoration		Date of Action	
TRUE CERTIFIED COPY BY DASG-PSQ <i>MEP</i>			
Preparer		Releaser	
Name: [REDACTED]		Name: [REDACTED] Colonel, Medical Corps	
Title: Deputy Commander for Clin SVC		Title: Deputy Commander for Clinical Services	
Phone Number: AV 738-8482		Signature: [REDACTED]	
Date: 04 21 89			



SEP  
DEPARTMENT OF THE ARMY  
OFFICE OF THE ASSISTANT SECRETARY  
WASHINGTON DC 20310-1801  
28 MAR 1989



SAMR-RB

MEMORANDUM FOR COMMANDER, U.S. TOTAL ARMY PERSONNEL COMMAND

SUBJECT: Resignation for the Good of the Service  
(CPT James H. Bland, MC, [REDACTED])

The recommendation of the Department of the Army Ad Hoc Review Board that the resignation for the good of the service tendered by CPT James H. Bland, MC, [REDACTED], be accepted with issuance of an under other than honorable conditions discharge, is approved.

[REDACTED]

Deputy Assistant Secretary  
(DA Review Boards and Equal Employment  
Opportunity Compliance and Complaints Review)

SEP - 890503  
SHP - 890602  
CODE - DFS  
BAG# - 227

RUE CERTIFIED COPIES  
BY DASG-PSQ *[Signature]*

HSXI-HOS-PO (AFVB-JA-TDS/20 Jan 89) (635a) 1st End Mr Altman/AV 738-8383  
SUBJECT: Resignation for the Good of the Service

Cdr, Medical Company, USA MEDDAC, Fort Hood, TX 76544-5063 25 January 1989

THRU:


Cdr, USA MEDDAC, Fort Hood, TX 76544-5063 *LB*.

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CFA, Fort Hood, TX 76544-5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandria, VA.  
22332-0400

1. Recommend approval. Recommend a Discharge Certificate, DD Form 794A, (Under Other Than Honorable Conditions) be issued.
2. Conditions of paragraph 1-3d(1), AR 635-120 do exist. CPT(P) Bland is pending Courts Martial for violation of Article 112a, UCMJ, for use of marijuana. He was identified through urinalysis. He currently has an active duty obligation through 21 April 1992.
3. Necessary action will be taken to adjust and close any public property or financial accounts of the officer concerned, if applicable.
4. Officer will be scheduled for medical examination in accordance with paragraph 2-1, AR 635-120.

31 Encls  
nc

  
CPT, MS  
Commander

TRUE CERTIFIED COPIES  
BY DASG-PSQ *MRB*

HSXI-HOS~PO (AFVB-JA-TDS/20 Jan 89) (635a) 2d End Mr Altman/AV 738-8383  
SUBJECT: Resignation for the Good of the Service

Cdr, USA MEDDAC, Fort Hood, TX 76544-5063 25 January 1989 *JB*


THRU:

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CPA, Fort Hood, TX 76544-5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandria, VA.  
22332-0400

Recommend approval. Recommend a Discharge Certificate, DD Form 794A,  
(Under Other Than Honorable Conditions) be issued.

31 Encls  
nc

  
Colonel, Medical Corps  
Commanding

TRUE CERTIFIED COPIES  
BY DASG-PSQ *meb*



# CHARGE SHEET

1. NAME OF ACCUSED (Last, First, MI) BLAND, JAMES HENRY			2. SSN [REDACTED]		3. GRADE OR RANK CPT	4. PAY GRADE O-3
5. UNIT OR ORGANIZATION Medical Company, U.S. Army Medical Department Activity Fort Hood, TX					6. CURRENT SERVICE	
					a. INITIAL DATE 22 June 1983	b. TERM OBV
7. PAY PER MONTH			3. NATURE OF RESTRAINT OF ACCUSED		9. DATE(S) IMPOSED	
a. BASIC	b. SEA/FOREIGN DUTY	c. TOTAL				
\$2339.10	N/A	\$2339.10	N/A		N/A	

## II. CHARGES AND SPECIFICATIONS

THE CHARGE:

VIOLATION OF THE UCMJ, ARTICLE 112a

SPECIFICATION: In that Captain James H. Bland, United States Army, U.S. Army Medical Department Activity, Fort Hood, Texas, did, at some unknown location, between 4 October 1988 and 2 November 1988, wrongfully use marijuana, the use of which was detected by biochemical testing of a urine sample which the said Captain James H. Bland submitted to military authorities on 2 November 1988, at Fort Hood, Texas.

TRUE CERTIFIED COPIES  
BY DASG-PSO [Signature]

11a. NAME OF ACCUSER (Last, First, MI) [REDACTED]		11b. GRADE CPT		11c. ORGANIZATION OF ACCUSER Medical Company, USA MEDDAC	
11d. SIGNATURE OF ACCUSER [Signature]				11e. DATE 18 Jan 89	

AFFIDAVIT: Before me, the undersigned, authorized by law to administer oaths in cases of this character, personally appeared the above named accuser this 18TH day of January, 19 89, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either has personal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.

Typed Name of Officer

Second Lieutenant

Grade

Signature

Medical Company, USA MEDDAC

Organization of Officer

Adjutant

Official Capacity to Administer Oath  
(See R.C.M. 307(b)—must be commissioned officer)

12.

On 18 January, 19 87, the accused was informed of the charges against him/her and of the name(s) of the accuser(s) known to me (See R.C.M. 308 (a)). (See R.C.M. 308 if notification cannot be made.)

[Redacted]  
Typed Name of Immediate Commander

Medical Company, USA MEDDAC

Organization of Immediate Commander

Captain

Grade

[Redacted]  
Signature

#### IV. RECEIPT BY SUMMARY COURT-MARTIAL CONVENING AUTHORITY

13.

The sworn charges were received at 1440 hours, 18 Jan, 19 89 at Headquarters, USA MEDDAC

Designation of Command or

Fort Hood, TX

Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)

XXXXXX  
FOR THE

[Redacted]  
Typed Name of Officer

Commander, USA MEDDAC

Official Capacity of Officer Signing

Colonel

Grade

[Redacted]  
Signature

#### V. REFERRAL: SERVICE OF CHARGES

14a. DESIGNATION OF COMMAND OF CONVENING AUTHORITY

b. PLACE

c. DATE

Referred for trial to the \_\_\_\_\_ court-martial convened by \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_, subject to the following instructions:<sup>2</sup> \_\_\_\_\_

By \_\_\_\_\_ of \_\_\_\_\_  
Command or Order

[Redacted]  
Typed Name of Officer

Official Capacity of Officer Signing

[Redacted]  
Grade

TRUE CERTIFIED COPIES  
BY DASG-PSQ [Signature]

[Redacted]  
Signature

15.

On \_\_\_\_\_, 19 \_\_\_\_\_, I (caused to be) served a copy hereof on (each of) the above named accused,

[Redacted]  
Typed Name of Trial Counsel

Grade or Rank of Trial Counsel

[Redacted]  
Signature

FOOTNOTES: 1 — When an appropriate commander signs personally, inapplicable words are stricken.  
2 — See R.C.M. 601(c) concerning instructions. If none, so state.

CAUTION: NOT TO BE USED FOR  
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT

ANY ALTERATIONS IN SHADED  
AREAS RENDER FORM VOID

DD FORM 214  
1 JUL 79

PREVIOUS EDITIONS OF THIS  
FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE  
FROM ACTIVE DUTY

1. NAME (Last, first, middle) <b>BLAND, JAMES HENRY</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY USAR MC</b>		3. SOCIAL SECURITY NO. <b>[REDACTED]</b>				
4a. GRADE, RATE OR RANK <b>CPT</b>	4b. PAY GRADE <b>O-3</b>	5. DATE OF BIRTH <b>[REDACTED]</b>	6. PLACE OF ENTRY INTO ACTIVE DUTY <b>Norfolk, VA</b>					
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Med Co USA MEDDAC HSC HS</b>			8. STATION WHERE SEPARATED <b>Fort Hood, Texas</b>					
9. COMMAND TO WHICH TRANSFERRED <b>NA</b>			10. SGU COVERAGE AMOUNT \$ <b>50</b> 000 <input type="checkbox"/> NONE					
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) <b>60W9C, Psychiatrist, 1 year and 6 months// 60WDC, Psychiatrist, Internship Program, 1 year; Residency Program, 3 years//NOTHING FOLLOWS</b>			12. RECORD OF SERVICE					
			a. Date Entered AD This Period			YEAR (s)	MON (s)	DAY (s)
			b. Separation Date This Period			83	06	22
			c. Net Active Service This Period			89	05	03
			d. Total Prior Active Service			05	10	12
			e. Total Prior Inactive Service			00	00	00
			f. Foreign Service			04	00	04
			g. Sea Service			00	00	00
			h. Effective Date of Pay Grade			00	00	00
			i. Reserve Oblig. Term. Date			83	06	22
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>Army Service Ribbon//NOTHING FOLLOWS</b>								
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) <b>AMEDD Officer Basic Course, 6 weeks (1973)//AMEDD Combat Casualty Course, 1 week (1983)// NOTHING FOLLOWS</b>								
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID <b>None</b>			
18. REMARKS <b>Dental care was not provided within 90 days prior to separation//NOTHING FOLLOWS</b>								
19. MAILING ADDRESS AFTER SEPARATION <b>116 Poplar Avenue (Independent City) Newport News, VA 23607</b>				20. MEMBER REQUESTS COPY 6 BE SENT TO <b>VA</b> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
21. SIGNATURE OF MEMBER BEING SEPARATED <b>James H. Bland</b>			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL <b>[REDACTED] USA Transition Point</b>					

TRUE CERTIFIED COPIES  
BY DASG-PSQ **MRD**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION <b>Discharge</b>		24. CHARACTER OF SERVICE (Includes upgrades) <b>Under Other Than Honorable Conditions</b>	
25. SEPARATION AUTHORITY <b>Chap 5 AR 635-120</b>		26. SEPARATION CODE <b>DFS</b>	27. REENLISTMENT CODE <b>NA</b>
28. NARRATIVE REASON FOR SEPARATION <b>Conduct triable by court-martial.</b>			
29. DATES OF TIME LOST DURING THIS PERIOD <b>None</b>		30. MEMBER REQUESTS COPY <b>[REDACTED]</b> INITIALS	

DEPARTMENT OF THE ARMY  
HEADQUARTERS III CORPS AND FORT HOOD  
FORT HOOD, TEXAS 76544-5056

20 April 1989

ERS A-74-6

JO JAMES HENRY [REDACTED] CPT W2M5 USA MEDDAC FT HOOD  
5AA FT HOOD TX 76544

are reassigned to the US Army transition point shown for transition process-  
After processing, you are discharged from the component shown. If you are  
delayed in reporting to the transition point, you still must report to the  
transition point as soon as possible or as authorized to receive a new effective  
date of discharge.

Assigned to: USA Transition Point (W0VC1A) Ft Hood TX 76544-5056

Reporting date: 3 May 1989

Component: USAR

Date of discharge unless changed or rescinded: 3 May 1989

Additional instructions:

a) Your mail will be forwarded to 116 Poplar Ave, Newport News VA 23607. (b)  
You will proceed on date of discharge. (c) All Reserve of the Army and Army  
of the United States appointments are terminated.

ARMY USE

h: AR 635-120

l: Newport News VA

HEAD/OAD: Norfolk VA

z: 7B09

DD: NA

mat: 501

BY THE COMMANDER:

DISTRIBUTION:

1 Clk, Garrison PSC (16)

1, unit concerned (5)

1, 3d Fin, Bldg 121 (4)

EC (2)

T BLAND c/o 3d Clk

(10)

A Ofc, III Corps (2)

R Clk, PAD (1)

/A (1)

1, 1st Lt, Bldg 108 (1)

1, Officer's Club (1)

1, REC, 3d Fin Gp (2)

1, DA (TAPC-PDT-RS Ms Bush) Alex VA 22622-0400 (1)



COL, AG  
Adjutant General

TRUE CERTIFIED COPIES  
BY DASG-PSQ *MB*





DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE

RECEIVED  
SACRAMENTO  
MEDICAL BOARD  
OF CALIFORNIA

MAR 25 2 41 PM '93



19 MAR 1993

FROM: HQ AFMOA/SGPC  
170 Luke Avenue, Suite 400  
Bolling AFB, D.C. 20332-5113

SUBJ: Report of Adverse Disciplinary Action

TO: Federation of State Medical Boards  
600 Western Place, Suite 707  
Fort Worth, TX 76107

1. Department of Defense policy requires that we notify licensing agencies of certain actions involving licensed providers. The following is provided:

- a. Individual's Name: Bland, James Henry
- b. Date of Birth: [REDACTED]
- c. Social Security Number: [REDACTED]
- d. Home of Record: 5th Avenue Medical Bldg, Suite 502, 307 5th Ave SE, Minot, ND 58701
- e. Degree: M.D. (1983)
- f. Institution: Eastern Virginia Medical School
- g. State and Number of Licensure: North Dakota #5795, California #A043584, and North Carolina #33619
- h. Military Treatment Facility Involved: 5th Medical Group, 10 Missile Avenue, Minot AFB ND 58705-5024
- i. Date and Action: Clinical privileges revoked, 29 Dec 92
- j. Basis for Action: Doctor Bland's privileges were revoked due to data provided on his privilege application being essentially untrue.

2. Please provide us with a copy of any action you take as a result of this notification. Requests for further information may be sent to Major Steve Putbrese at HQ/AFMOA SGPC, 170 Luke Avenue, Suite 400, Bolling AFB D.C. 20332-5113, (202) 767-2591.

*Theodore P. Yurkosky*  
THEODORE P. YURKOSKY, Col, USAF, MC, FS  
Chief, Clinical Quality Management Division  
Air Force Medical Operations Agency  
Office of the Surgeon General

cc: HQ AFMPC/DPMMU  
NGB/SG  
HQ AFRES/SG  
HQ ARPC/SG  
HQ USAFRS/RSHP  
HQ ACC/SG  
ND State Bd of Med Exam  
CA Bd of Med Q & A  
NC State Bd of Med Exam  
Doctor Bland

CA. LICENSE NO. A43584  
ORIGINAL ISSUE DATE 4-27-87  
EXPIRATION DATE 8-31-94  
DISCIPLINARY ACTION NO

MC 3-30-93

28 USC SECTION 1746 UNSWORN AFFIDAVIT  
UNDER PENALTY OF PERJURY

I am Paul E. Huelskamp, SSgt, of the Air Force Surgeon  
Generals Office, Bolling AFB, DC 20332-5113. I am the  
custodian of the Medical Professional Staffing Record for  
James H. Bland, M.D., which are maintained at the Air Force  
Surgeon General's Office. The attached documents are exact  
copies of documents contained in said file.

I declare under penalty of perjury that the foregoing is true  
and correct. 25 MAY 1993

Executed on \_\_\_\_\_.



---

PAUL E. HUELSKAMP, SSgt, USAF  
Admin. Manager, Clinical Quality Management  
Air Force Medical Operations Agency  
Office of the Surgeon General



DEPARTMENT OF THE AIR FORCE

5TH MEDICAL GROUP (ACG)

MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: 5th Medical Group/CC  
10 Missile Avenue  
Minot AFB, ND 58705-5024

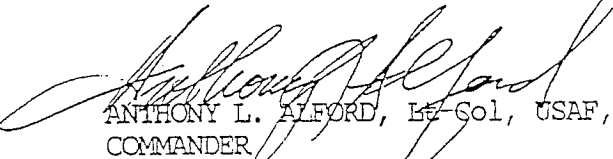
29 December 1992

SUBJ: Credentials Function Proceeding in Re: Dr James Bland

TO: Dr James Bland  
5th Avenue Medical Building, Suite 502  
307 5th Ave SE  
Minot, ND 58701

1. Having fully reviewed the record of the subject proceeding, I am approving the recommendation of the credentials function and direct that James H. Bland's privileges be revoked.

2. You are advised of your right to appeal, according to AFR 168-13. My decision will remain in effect during appellate proceedings.

  
ANTHONY L. ALFORD, Lt Col, USAF, MC  
COMMANDER

1st Ind, Dr James Bland

Receipt acknowledged.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
JAMES H. BLAND M.D.



**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also want to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

DR JAMES H. BLAND  
5th AVE Med Bldg suite 502  
307 5th AVE SE  
MINN AFB MD 58701

**4a. Article Number**

P209 415-953

**4b. Service Type**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured                        |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

12-8-92

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

*M. Smeltz*



DEPARTMENT OF THE AIR FORCE  
5TH MEDICAL GROUP (ACC)  
MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: 5th Medical Group/MGH  
10 Missile Avenue  
Minot AFB, ND 58705-5024

1 December 1992

SUBJ: Notification of Executive Committee of the Medical Staff  
Recommendation in Re: Dr James Bland

TO: Dr James Bland  
5th Avenue Medical Bldg, Suite 502  
307 5th Ave SE  
Minot, ND 58701

1. The 5th Medical Group credentials function has made the following recommendation to Lt Col Anthony Alford in your credentials proceeding:

Recommendation to the facility commander is that James H. Bland's privileges be revoked.

2. You have ten duty days from the date of receipt of this notification to submit a letter of exceptions to Lt Col Anthony Alford, if you so desire. Lt Col Alford may grant additional time for good cause. A copy of the hearing is attached per your request.

*Lawrence R. Whitehurst*

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS  
Chairperson, Credentials Function

1 Atch  
Hearing Transcript

1st Ind, Dr James Bland

\_\_\_\_\_  
(Date)

TO: Chairperson, Credentials Function (Col Whitehurst)

Receipt acknowledged. I understand I have 10 days to give a letter of exceptions to Lt Col Alford if I so desire.

\_\_\_\_\_  
JAMES H. BLAND M.D.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DR JAMES BLAND  
5TH AVE MEDICAL BLDG STE 502  
307 5TH AVE SE  
MINOT ND 58701

4a. Article Number

4b. Service Type

- ☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

1-12-93

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, November 1990

★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

4

DEPARTMENT OF THE AIR FORCE  
5th Medical Group (ACC)  
Minot Air Force Base, North Dakota

FROM: MGH

1 December 1992

SUBJ: Minutes of Executive Committee of the Medical Staff

TO: Hospital Executive Committee

1. PLACE: CC Conference Room
2. TIME/DATE: 1530, Tuesday, 24 Nov 92
3. ATTENDANCE:

a. Present:

Col Lawrence R. Whitehurst, MC; Chief, Hospital Svcs (Chairperson)  
Lt Col Robert E. Clover, MSC; Hospital Administrator  
Lt Col Albert P. Fischer, MC; Chief, Radiology Services  
Lt Col David W. Walsh, MC; Chief, Emergency Services  
Maj Timothy J. Flock, MC; Chief, ~~Orthopedics~~ (for Maj Fortier)  
Maj Charles P. Kielkopf, 5 BMW/JA, Legal Advisor  
Maj Dan R. Hansen, MC; Chief, Medical Services  
Capt Joseph E. Fruland, MC; Chief, ~~Flight/Missile Medicine~~ (for  
Lt Col Contiguglia)  
Capt Thomas D. Weston, BSC; Asst Chief, Primary Care Svcs (for Maj Povich)  
Joe Boucher, Civ, QA Coordinator  
Sam Fulton, Civ, Recorder

b. Absent:

Lt Col Joseph J. Contiguglia, MC; Chief, Aerospace Medicine (Exercise)  
Maj George M. Fortier, MC; Chief, Surgical Services (Leave)  
Maj Mark A. Povich, MC; Chief, Primary Care Services (TDY)

c. Visitor:

Lt Col Laura Boone, NC; Chief, Nursing Services  
Lt Col Kerby L. Hertz, NC; Asst Chief, Nursing Services

b. Ref para 7.a. of 8 Sep 92 Credentials Meeting, re Provider #070383 and adverse report from the Federation of State Medical Boards. Hearing was held 3 Nov 92, hearing committee findings of fact was that data contained on the AF Form 1540 submitted by provider is essentially untrue. Unanimous recommendation of committee was that provider's privileges be revoked. Committee concurred with recommendation of hearing committee. Recommendation will be forwarded to the MFC. (OPEN: SEP 92, OPR: SGH, EDC: DEC 92)

Also Present: *18 Dec 92*  
Col Stanley L. Kolker, DC; Chief, Professional Dental Services  
Lt Col Michael S. Harper, DC; Chief, Periodontics  
Lt Col Kenneth E. Koenke, DC; General Dental Officer



DEPARTMENT OF THE AIR FORCE  
5TH MEDICAL GROUP (ACC)  
MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: 5th Medical Group/SGH  
10 Missile Ave  
Minot AFB, ND 58705-5024

20 October 1992

SUBJ: Notification of Credentials Hearing

TO: Dr. James Bland  
5th Ave Medical Bldg, Suite 502  
307 5th Ave SE  
Minot, ND 58701

1. I have scheduled a hearing, per your request, with regards to the recommendation of the Credentials Committee that your clinical privileges be revoked at this facility.
2. Allegations being addressed are: Failure to give truthful and correct answers in response to questions asked on AF Form 1540 (Application for Clinical Privileges.) Specifically in Part VIII, subsections A, D, G, and H. Documentation confirming your misrepresentation is in either your possession or that of your counsel, Mr Richard Thomas.
3. The hearing is scheduled for Tuesday, 3 November 1992 at 1300 in the Military Courtroom on the 2nd floor of Building 975 at Minot Air Force Base. You have the right to present evidence and call witnesses in your behalf, and to consult and be represented by legal counsel. It is your responsibility to arrange for the presence of any witness you desire and to present both written and oral evidence in your behalf. I refer you to Attachment 2, AFR 168-13 for more detailed information on the conduct of an Air Force Credentials hearing and your rights.
4. Failure to appear at the appointed time and specified place will be construed as a waiver of those rights set out in paragraph 3.
5. The chairperson of the credentials hearing committee may change the time and place of the hearing upon your written request, if based on good cause.
6. If you have further questions with regards to this matter, please contact my office or the base legal assistance office.

*Lawrence R. Whitehurst*

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS  
Chief, Hospital Services  
Chairperson, Credentials Function

1 Atch  
AF Form 1540

1st Ind, Dr Bland

(Date)

TO: Chairperson, Credentials Function

I acknowledge receipt of the Letter of Notification of Hearing, dated 19 Oct 92.

JAMES BLAND, M.D.

*Global Power for America*

SGASA-92-50

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DR JAMES BLAND  
5TH AVE MEDICAL BLDG SUITE 502  
307 5TH AVE SE  
MINOT ND 58701

4a. Article Number

R612 156 625

4b. Service Type

- ☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

KC 10-21-92

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)



DEPARTMENT OF THE AIR FORCE

5TH MEDICAL GROUP (ACG)

MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: SGH

8 September 1992

SUBJ: Notice of Intent to Recommend Revocation of Privileges

TO: James Bland, M.D.

1. The Credentials Committee has reviewed the completed investigation of false statements made on your AF Form 1540, Application for Clinical Privileges and regrets to inform you that we intend to recommend revocation of your clinical privileges and termination of your medical staff appointment at the 5th Medical Group. Our investigation has revealed that you received an "Other than Honorable" discharge from the United States Army in lieu of court marshal for illegal use of a controlled substance, marijuana. We have received official notification from the Office of the Surgeon General of the United States Army that your clinical privileges were revoked on 21 April 1989 as a result of the drug incident which occurred in January 1989. It is unbelievable to the Committee that you could have been totally unaware that actions this serious were being taken against you. Our investigation has also revealed that you characterized your discharge from the Army as honorable when you applied for a license to practice medicine in North Dakota. Again, it is impossible for the Committee to believe that you did not know at the time you applied for a license in North Dakota that your discharge would be other than honorable, since you were resigning in lieu of court martial.

2. In response to your question in your letter of 26 Aug 92 as to why this issue has now been raised, I must remind you that we had no knowledge of this problem at the time you applied for privileges since you made no mention of it in any of your communications with us. Had HQ Air Force not directed us to accomplish a 100% review of all civilian physicians with the Federation of State Medical Boards, we might never have known about this problem. We notified you of the problem as soon as we received the notification from the Federation of State Medical Boards. We requested a legal review of our actions in this case from the local Staff Judge Advocate of Minot Air Force Base and he has concluded that the conditions placed on your license by the State of North Dakota do constitute a limitation and it was therefore reasonable of us to expect you to report them. We regret that we have had to recommend so severe an action in your case, but in matters of physician integrity the Air Force will accept nothing less than total honesty on the part of those physicians whom we employ or with whom we make agreements, partnerships or contracts.

3. You are advised that you have the right upon your request, to have a credentials hearing committee review this action. To have this hearing you must make a written request to me within 30 days from the date you receive this notification. If you fail to ask within that time, or if you fail to appear at a hearing so requested, you waive your rights to the hearing.

4. Depending on the outcome of this action, HQ USAF/SGPQ may report the matter to appropriate professional regulatory agencies. I refer you to AFR 168-13,

*Global Power for America*

attachments 2 and 3, for information on the specific procedures involved with this action and your rights.

*Lawrence R. Whitehurst*

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS  
Chief, Hospital Services  
Chairperson, Credentials Committee

1st Ind, Dr Bland

(Date)

TO: Chairperson, Credentials Committee

I acknowledge receipt.

JAMES H. BLAND, M.D.

This form must be completed at the PO and compared against the customer's receipt. DO NOT FURNISH THIS FORM TO CUSTOMERS.

1b. For return receipt after mailing ATTACH appropriate fee as shown in Section 932.2 of the DMM.		• CUSTOMER:—Complete items 1 or 2 and 3 through 9 below. Add your address in the "RETURN TO" space on reverse.	
Mailing post office postmark to indicate fee previously paid for item 2.		<input checked="" type="checkbox"/> 1 <sup>a</sup> AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery. (Attach appropriate fee as shown in Section 932.2 of the DMM)	
		<input type="checkbox"/> 2 <sup>a</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered and date of delivery.	
		<input type="checkbox"/> 2 <sup>b</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.	
5. Registered No.		3. Mailing Date	4. COD No.
R612-156-591		9 Sep 92	
6. Certified No.		7. Insured No.	8. Express Mail No.
9. Article Addressed To DR JAMES BLAND, 5TH AVE MEDICAL Bldg Suite 502 307 5TH AVE SE MINOT ND 58701			
POSTAL RECORDS SHOW DELIVERY	10. To M. Smette		14. Postmark of Delivery Office SEP 25 1992 Do not process if Ser above is not cc red.
	11. Date of Delivery Sept 10, 1992		
	12. Address (Complete only if requested) 307 5th Av SE MINOT ND 58701		
		13. Clerk's Initials RE	

PS Form 3811-A, Dec. 1985 REQUEST FOR RETURN RECEIPT (AFTER MAILING)



JAMES H. BLAND, M.D.  
DIPLOMATE OF THE  
*American Board*  
OF PSYCHIATRY AND  
*Neurology*  
307 5TH AVE., S.E.  
MINOT, N.D. 58701  
AUGUST 26, 1992

To: Col. Lawrence R. Whitehurst, USAF, MC, FS  
Chairperson, Credentials Function

1. I have received your correspondence dated 28 July 1992 (please see the enclosed copy). And I have received a copy of the "Health Care Provider Clinical Privileges Action Report" dated 28 July 1992 (please see the enclosed copy). And as I have mentioned to you, I dispute your allegation that I knowingly provided false information on my AF form 1540, application for clinical privileges, in which I denied ever having my clinical privileges limited, restricted, or revoked at another institution, and that your license to practice medicine had never been limited, suspended, or revoked and that I have never been arrested or treated for drug or alcohol abuse.
2. I thus request all information from your investigation of this matter be made available to me as soon as possible. I am still attempting to obtain information from Office of The Surgeon General. Please find enclosed a copy of information I have from the Federation of State Medical Boards, DD 214 Letter From Col. Kolmer.
3. As Mr. Sletten of The North Dakota Board of Medical Examiners mentioned to you telephonically, My medical license has no restrictions on scope of practice. Also, the board has been reassured through repeated random drug testing of my not using controlled substances. Additionally, There is no hospital on earth that informed me of any limitations on my clinical privileges previously. I have only recently ~~first~~ learned from you, self that the Office of The Surgeon r voked my clinical privileges on 4/21/89. Since, I was not aware of this when I applied for privileges at your hospital, I couldn't have reported it to you.
4. My application for clinical privileges to your hospital included written permission from me for you to check my Army and clinical background, so I am puzzled why these allegations are coming up three years later, and feel I am being injured

unjustly by your action on 28 July 1992 notice.

5. Circumstances around my exit from the U.S. Army on May 4, 1989 were as follows. In Dec. on 1988, I was informed by my commander, a random urine toxicology screen of mine was positive for THC. The Commander of Darnall Army Community Hospital ordered an emergency meeting of the hospital's credentials committee which ruled that my clinical privileges be left intact. Command then initiated courts martial proceedings against me. My attorneys advised that a courts martial would damage me too much. They prevailed upon me to reluctantly, very reluctantly, resign my commission as an officer. On April 21 1989, DA approved my resignation with a general under other than honorable discharge and then unbeknownst to me apparently, OSG revoked my clinical privileges in the military. Prior to my resignation, Army Drug and Alcohol officials after evaluating me found I had no chemical dependency.

6. In summary, I request immediate institution of my clinical privileges and am prepared to reassure your hospital just as I have all other requesting agencies of any suspicions of drug use by allowing random toxicology screens as felt needed.

Respectfully,

  
James H. Bland, M.D.

# APPLICATION FOR CLINICAL PRIVILEGES

**AUTHORITY:** Title 10, U.S.C. Chapter 55 and Sections 8067 and 8012.

**PRINCIPAL PURPOSE(S):** To evaluate each practitioner's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical procedures.

**ROUTINE USE(S):** Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

## APPLICANT COMPLETES SECTION I THROUGH IX

I. IDENTIFICATION				
NAME (Last, First, Middle Initial) BLAND, JAMES H.		GRADE NA	SSN [REDACTED]	DATE 05-01-91
HOME ADDRESS (City, State and ZIP Code) 1607 11th Street SW, Minot, ND 58701			DUTY PHONE NO. 701 839 4279	HOME PHONE NO. [REDACTED]
MEDICAL FACILITY/UNIT OF ASSIGNMENT NA	DUTY SECTION NA	PRIMARY/SECONDARY AFSC NA	SPECIALTY Psychiatry	CORPS NA

II. PROFESSIONAL EDUCATION				
NAME OF PROFESSIONAL SCHOOL	LOCATION	DATES ATTENDED		DEGREE
		FROM	TO	
Eastern VA Medical School	Norfolk, VA	1980	1983	M.D.
University of VA	Charlottesville, VA	1975	1980	B.A.
University of VA ROTC	Charlottesville, VA	1975	1980	Commissioned as 2LT U.S. Army

III. POST GRADUATE TRAINING (Internship, Residency, Fellowships)				
NAME OF HOSPITAL OR INSTITUTION	LOCATION	TYPE PROGRAM (Residency, etc.)	DATES ATTENDED	
			FROM	TO
Letterman Army Medical Center	Presidio of San Francisco	Psychiatry Residency	07-84	10-8
Letterman Army Medical Center	Presidio of San Francisco	Categorical Psychiatry Internship	07-83	06-8

IV. PRESENT AND PREVIOUS MILITARY AND CIVILIAN ASSIGNMENTS (Continue on Reverse)				
NAME OF HOSPITAL OR ORGANIZATION	LOCATION	SERVICE OR SPECIALTY TO WHICH ASSIGNED	DATES ATTENDED	
			FROM	TO
Letterman Army Medical Center	Presidio of San Francisco	Psychiatry	06-83	10-8
Darnall Hospital	Fort Hood, TX	Psychiatry	12-87	05-8

NAME OF HOSPITAL OR ORGANIZATION	LOCATION	SERVICE SET AL TO WHICH ASX	FROM	TO
Darnall Hospital	Fort Hood, TX	Psychiatry	12-87	05-89
Letterman Army Medical Center	Presidio of San Francisco CA	Psychiatry	06-83	10-87

V. CERTIFICATION/LICENSURE (List all. If additional space is needed continue on separate sheet of paper.)

FULLY QUALIFIED (Specialty)		BOARD ELIGIBLE IN	
		PSYCHIATRY	
BOARD CERTIFICATION BY (Specialty Board)	CERTIFICATE NUMBER	DATE ISSUED	EXPIRATION DATE
STATE LICENSURE (Name of State)	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE
California	A043584	04-27-87	
North Dakota	5795	07-21-89	

VI. MEMBERSHIP IN PROFESSIONAL SOCIETIES (If additional space is needed continue on separate sheet of paper.)

NAME OF SOCIETY	STATUS (Member, Fellow, etc.)
American Psychiatric Association	Member
American Medical Association	Member
North Dakota Medical Association	Member
National Medical Association	Member

VII. REFERENCES (Every practitioner MUST list three references. Two must be the former Chief of Professional Services and service chief at your previous facility, if you had them.)

NAME	ADDRESS (City/State, Zip Code)	TELEPHONE NUMBER
BERCHMANS RIOUX <i>Finan</i>	Minot, ND <i>TPB</i>	701 839 7100
PIERRE RIOUX <i>K Lee</i>	Minot, ND <i>-P?</i>	701 852 0735
IRWIN EPSTEIN	Minot, ND	701 852 6666

VIII. CREDENTIALS ACTION HISTORY (If answer to any of the following questions is "YES," give full details in "Remarks" or on separate sheet of paper.)

	YES	NO		YES
A. HAS YOUR LICENSE TO PRACTICE MEDICINE IN ANY JURISDICTION EVER BEEN LIMITED, SUSPENDED OR REVOKED?		X	G. HAVE YOU EVER BEEN ARRESTED OR TREATED FOR DRUG OR ALCOHOL ABUSE?	
B. HAVE YOU EVER BEEN REFUSED MEMBERSHIP IN A HOSPITAL MEDICAL STAFF?		X	H. HAVE YOU EVER BEEN CHARGED IN A FELONY CASE?	
C. HAS YOUR REQUEST FOR ANY SPECIFIC CLINICAL PRIVILEGES EVER BEEN DENIED OR GRANTED WITH STATED LIMITATIONS?		X	I. HAVE YOU EVER BEEN A DEFENDANT OR THE SUBJECT OF A MEDICAL MALPRACTICE LIABILITY CLAIM, SETTLEMENT, JUDICIAL OR ADMINISTRATIVE ADJUDICATION, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL UNPROFESSIONAL, OR SUBSTANDARD CARE?	
D. HAVE YOUR PRIVILEGES AT ANY INSTITUTION EVER BEEN LIMITED, RESTRICTED, OR REVOKED?		X	IF "YES" WAS THE MATTER:	
E. HAS YOUR NARCOTICS REGISTRATION EVER BEEN SUSPENDED OR REVOKED?		X	(1) SETTLED PRIOR TO FINAL COURT ACTION?	
F. HAVE YOU EVER BEEN DENIED MEMBERSHIP OR RENEWAL THEREOF, OR BEEN SUBJECT TO DISCIPLINARY ACTION IN ANY MEDICAL ORGANIZATION?		X	(2) JUDGMENT RENDERED BY COURT?	
			(3) DEFENDANT FOUND LIABLE?	
			(4) MATTER STILL PENDING?	
			J. HAVE YOU EVER HAD OR PRESENTLY HAVE A SIGNIFICANT MEDICAL (including mental health) PROBLEM?	

IX.

**STATEMENT OF APPLICANT**  
(PLEASE READ CAREFULLY BEFORE SIGNING)

All information submitted by me in this application is true to the best of my knowledge and belief. In making this application for clinical privileges at this hospital, I acknowledge my obligation to provide continuous care and supervision of my patients, to accept committee assignments, to accept consultation assignments, and to participate in staffing the emergency area and other specialty care units.

I certify that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.

I hereby authorize the hospital, its medical staff, and their representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated and with others who have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the hospital, its medical staff, and its representative of all documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability any and all individuals and organizations who provide information to the hospital, or its staff, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for clinical privileges, and hereby consent to the release of such information. I further agree to release and hold harmless from any liability the United States and any and all persons who participate within the scope of their duties in good faith and without malice in the review of or any action or recommendations relating to my professional competence, ethics, character, and other qualifications. I hereby further authorize the hospital to communicate to other hospitals and to other persons or organizations with a legitimate interest therein any information concerning my professional competence, character, and ethics that the hospital may have or acquire, and, where such communication is made in good faith and without malice, I consent thereto and agree to hold the hospital and its authorized representatives free from liability, therefor. I understand and agree that I, as an applicant for clinical privileges, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications. I further acknowledge that I am familiar with the principles and standards of the Joint Commission on Accreditation (JCAH) and will cooperate with the hospital in maintaining JCAH standards for the hospital. I also agree to conduct any practice according to high ethical traditions. I particularly agree to subject my clinical performance to, and faithfully participate in, the hospital's quality assurance programs as the same shall from time to time be in effect.

SIGNATURE OF APPLICANT

*Barney H. Bland, M.D.*

DATE

05-01-91

**FOR CREDENTIAL COMMITTEE USE ONLY**

X.

**REVIEW**

RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL<sup>1</sup>

☒ APPROVAL WITH MODIFICATION<sup>1</sup>

SIGNATURE OF SERVICE CHIEF

DATE

19 June 91

RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL<sup>1</sup>

☐ APPROVAL WITH MODIFICATION<sup>1</sup>

SIGNATURE OF DEPARTMENT CHAIRPERSON

DATE

XI.

☒ PROVISIONAL, ☐ COURTESY, OR ☐ CONSULTING PRIVILEGES

☒ APPROVAL ☐ DISAPPROVAL<sup>1</sup> ☒ APPROVAL WITH MODIFICATION<sup>1</sup>

DATE

FROM 10 JUN 91 TO 10 JUN 92

DATE

10 JUN 91

SIGNATURE OF MEDICAL FACILITY COMMANDER OR DESIGNATED REPRESENTATIVE

*Lawrence R. Whitburn*

XII.

**CREDENTIALS COMMITTEE RECOMMENDATION**

DEFINED PRIVILEGES

☐ APPROVED

☐ DISAPPROVED<sup>1</sup>

☒ APPROVED WITH MODIFICATION<sup>1</sup>

SIGNATURE OF CREDENTIALS COMMITTEE CHAIRPERSON

*Lawrence R. Whitburn*

DATE

20 May 91

XIII.

**MEDICAL FACILITY COMMANDER APPROVAL**

CLINICAL PRIVILEGES

☐ APPROVED

☐ DISAPPROVED<sup>1</sup>

☒ APPROVED WITH MODIFICATION<sup>1</sup>

SIGNATURE OF MEDICAL FACILITY COMMANDER (JAGCOM Surgeon if MFC is not a physician)

*[Signature]*

DATE

27 May 92

REMARKS

19 Jun 91 - Modifications are as follows: Item A.4.e, Biofeedback was requested as a (1), however approved as a (3), due to lack of facility support.



STATE OF NORTH CAROLINA

In re:	)	
	)	CONSENT ORDER
JAMES H. BLAND, M.D.,	)	
Respondent	)	
	)	

THIS MATTER is before the Board of Medical Examiners of the State of North Carolina ("Board") regarding certain matters with respect to James H. Bland, M.D. ("Respondent"); and

Whereas, the North Dakota Board of Medical Examiners on September 14, 1993, entered an Order revoking the license of Respondent with the revocation stayed on certain conditions; and

Whereas, the Order of the North Dakota Board of Medical Examiners was a result of a complaint issued on March 3, 1993 alleging that Respondent gave false information on his application for a North Dakota medical license, by indicating that he had received an honorable discharge from the United States Army on April 15, 1989, when in fact his discharge was "under other than honorable conditions"; and

Whereas, the foregoing constitutes grounds under N.C.Gen.Stat. Section 90-14(a)(13) for revocation of Respondent's license to practice medicine in North Carolina; and

forth and the Board finds that it would be in the public interest to so proceed.

Now, therefore, with the consent of Respondent, it is hereby ordered that Respondent's license to practice medicine in the State of North Carolina is hereby revoked; provided however that such revocation is stayed upon the following terms and conditions:

1. Respondent shall abide by the terms of September 14, 1993 order of the Board of Medical Examiners of the State of North Dakota.
2. Respondent shall submit to a psychiatric evaluation by a psychiatrist acceptable to the Board and assure that a copy of the evaluation by that psychiatrist is provided to the Board.
3. Respondent shall not practice medicine in North Carolina until such time as he receives written approval from the Board including any limitations on Respondent's practice as the Board deems appropriate.
4. Respondent shall abide by all laws.
5. Failure of Respondent to abide by the terms of this order shall be grounds for revoking the stay issued herein.
6. Upon execution, this consent order shall become a public record within the meaning of Chapter 132 of the North Carolina General statutes and shall be subject to public inspection and dissemination.



BOARD OF MEDICAL EXAMINERS OF THE  
STATE OF NORTH CAROLINA

By: John Wesley Nance  
John Wesley Nance, M.D.  
President

ATTEST:

Bryant D. Paris, Jr.  
Bryant D. Paris, Jr.  
Executive Secretary

Consented to this the 24<sup>th</sup> day of February, 1994.

James H. Bland, M.D.  
James H. Bland, M.D.

Subscribed before me by  
James H. Bland, M.D.  
this the 24<sup>th</sup> day of February, 1994.

Mary Sue Knutson  
Notary Public

My Commission expires: MARY SUE KNUTSON  
Notary Public, Ward County, N. Dak.  
My Commission Expires July 25, 1995

DANIEL E. LUNGREN, Attorney General  
of the State of California  
JANA L. TUTON  
Supervising Deputy Attorney General  
DANIEL J. TURNER  
Deputy Attorney General  
1515 K Street, Suite 511  
P. O. Box 944255  
Sacramento, CA 94244-2550  
Telephone: (916) 327-7852

Attorneys for Complainant

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation	)	No. D-5668
Against:	)	
	)	<u>ACCUSATION</u>
JAMES H. BLAND, M.D.	)	
1607 - 11th Street, S.W.	)	
Minot, ND 58701	)	
	)	
Physician and Surgeon's	)	
Certificate No. A43584	)	
	)	
Respondent.	)	

DIXON ARNETT, the complainant herein, alleges as follows:

1. He is the Executive Director of the Medical Board of California (hereinafter the "Board") and makes these allegations in his official capacity as such and not otherwise.
2. On or about April 27, 1989, respondent James H. Bland, M.D. (hereinafter "respondent"), was issued physician and surgeon's certificate number A43584 under the laws of the State of California. Said certificate is presently in full force and

1 effect.

2           3.     Section 2234 of the Business and Professions Code  
3 (hereinafter "the Code") provides that the Division of Medical  
4 Quality of the Medical Board of California shall take action  
5 against a holder of a physician and surgeon's certificate who is  
6 guilty of unprofessional conduct.

7           4.     Section 2305 of the Code provides that the  
8 revocation, suspension or other discipline by another state of a  
9 license or certificate to practice medicine issued by the state  
10 or the revocation, suspension, or restriction of the authority to  
11 practice medicine by any agency of the federal government, to a  
12 licensee under this chapter shall constitute grounds for  
13 disciplinary action for unprofessional conduct against such  
14 licensee in this state.

15           5.     Respondent is subject to disciplinary action  
16 pursuant to sections 2234 and 2305 of the Code for the following:

17           A.     On or about April 21, 1989, the U.S. Army  
18 permanently revoked respondent's clinical privileges.  
19 A copy of the U.S. Army's order is attached hereto as  
20 Exhibit A.

21           B.     On or about December 29, 1992, the Department  
22 of the Air Force revoked respondent's clinical  
23 privileges for failure to give truthful and correct  
24 answers on his application for clinical privileges. A  
25 copy of the Air Force order is attached as Exhibit B.

26           C.     On or about September 14, 1993, the North  
27 Carolina Board of Medical Examiners disciplined

1 respondent including revocation of respondent's medical  
2 license, revocation stayed, two years probation and  
3 requiring respondent to take a psychiatric evaluation.

4 WHEREFORE, complainant prays that the Division of  
5 Medical Quality hold a hearing on the matters alleged herein and  
6 following said hearing issue a decision:

7 1. suspending or revoking the physician and surgeon's  
8 certificate issued to James H. Bland, M.D.;

9 2. prohibiting respondent from supervising  
10 physician's assistants; and

11 3. taking such other and further action as it deems  
12 proper.

13 DATED: February 2, 1994

14 

15  
16 DIXON ARNETT  
17 Executive Officer  
18 Medical Board of California  
19 Department of Consumer Affairs  
20 State of California

21 Complainant  
22  
23  
24  
25  
26  
27





DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041-3258

May 5, 1989



REPLY TO  
ATTENTION OF

Quality Assurance Division

Bryant L. Galusha, M.D.  
Executive Vice President  
Federation of State Medical Boards of the  
United States, Inc.  
2630 W. Freeway, Suite #138  
Fort Worth, Texas 76102-7199

Dear Doctor Galusha:

Information is provided on the following named physician whose  
clinical practice privileges were revoked

Name:	<u>Bland, James H.</u>
Date of Birth/SSAN:	<u>[REDACTED]</u>
Degree:	<u>Eastern Virginia Medical School</u> <u>MD, 1983</u>
Specialty:	<u>Psychiatry</u>
Action Taken:	<u>Marijuana was found in urine</u> <u>sample of CPT Bland. He was</u> <u>offered a court martial by the</u> <u>Commanding General, but, was</u> <u>permitted to resign for the good</u> <u>of the service. His resignation</u> <u>request was returned approved on</u> <u>20 April 1989. CPT Bland will</u> <u>receive a less-than-honorable</u> <u>discharge and has 14 days till</u> <u>separation.</u>
Date of Orginial Action:	<u>21 April 1989</u>

If additional information is required it may be obtained from:

Chief, Provider Actions Branch  
Office of The Surgeon General, HQDA (SGPS-PSQ)  
5109 Leesburg Pike, Falls Church, VA 22041-3258

Sincerely,

TRUE CERTIFIED COPIES  
BY DASG-PSQ

[REDACTED]  
Lieutenant Colonel, Medical Corps  
Chief, Provider Actions Branch

# PRACTITIONER PRIVILEGE ACTION REPORT

For use of this form, see AR 40-66; the proponent agency is The Office of The Surgeon General

1. Practitioner's Name BLAND, JAMES H.	2. SSN [REDACTED]	3. Rank/Branch CPT?MC	4. Date of Birth (mm/dd/yy) [REDACTED]
---	----------------------	--------------------------	---

5. Medical/Dental Treatment Facility Darnall Army Community Hospital Fort Hood, Texas 76544-5063	6. Reason for submission Initial Periodic Final ( ) ( ) (X)
--	--

7. Date of Original Action: 04 21 89	8. Method of Problem Identification: (e.g. patient, other staff Supervisor, QA System, etc.)
---	--

9. Military ( ) Civilian ( ) Volunteer ( ) Civil Svc ( ) AFHPSP ( ) Contracted ( ) USUHS ( ) Other (specify) Reservist ( )	10. Clinical Specialty: Board Certification: ( ) Yes ( ) No ECFMG # _____ (If applicable) Licensure (give state(s) and Expiration Date(s))
--	---

11. School (Med, Dent, Nursing, etc) Name: Degree: Date Graduated:	12. Postgraduate CHE (give location(s) and date(s))
---	---

13. Copy provided appropriate branch: (X) Yes ( ) No (If no, specify reason)

( ) TEMPORARY ( ) Limited Suspension (extent and duration) ( ) Total Suspension (duration) ( ) Other (specify: e.g. Temp assignment to non-clinical duties)	( ) PERMANENT ( ) Limited Revocation (extent) ( ) Total Revocation ( ) Other (specify)
--	---

15. REASON FOR ACTION	
( ) Alcohol/Drug abuse (specify) ( ) Conduct/Behavior ( ) Psychiatric	( ) Incompetent skills ( ) Medical Disability (specify) ( ) Other (specify)

16. FURTHER ACTIONS	17. ADDITIONAL COMMENTS																								
<table style="width: 100%;"> <tr> <th style="text-align: left;">ACTION</th> <th style="text-align: left;">Pending</th> <th style="text-align: left;">Completed Date:</th> </tr> <tr> <td>1. Separated for cause ( )</td> <td>( )</td> <td></td> </tr> <tr> <td>2. Resigned ( )</td> <td>(X)</td> <td>05 03 89</td> </tr> <tr> <td>3. Retired ( )</td> <td>( )</td> <td></td> </tr> <tr> <td>4. Flag ( )</td> <td>( )</td> <td></td> </tr> <tr> <td>5. Special pay removal ( )</td> <td>( )</td> <td></td> </tr> <tr> <td>6. Training (specify) ( )</td> <td>( )</td> <td></td> </tr> <tr> <td>7. Other (specify) ( )</td> <td>( )</td> <td></td> </tr> </table>	ACTION	Pending	Completed Date:	1. Separated for cause ( )	( )		2. Resigned ( )	(X)	05 03 89	3. Retired ( )	( )		4. Flag ( )	( )		5. Special pay removal ( )	( )		6. Training (specify) ( )	( )		7. Other (specify) ( )	( )		<p>NO CHANGE</p> <p style="text-align: center;">TRUE CERTIFIED COPIES BY DASG-PSQ <i>[Signature]</i></p>
ACTION	Pending	Completed Date:																							
1. Separated for cause ( )	( )																								
2. Resigned ( )	(X)	05 03 89																							
3. Retired ( )	( )																								
4. Flag ( )	( )																								
5. Special pay removal ( )	( )																								
6. Training (specify) ( )	( )																								
7. Other (specify) ( )	( )																								

18. RESTORATION OF PRIVILEGES	
Limited Restoration (specify)	Date of Action
Total Restoration	Date of Action

Preparer Name: [REDACTED] COL, MC Title: DCCS Phone Number: AV 738-8482 Date: 05 01 89	Releaser Name: [REDACTED] Colonel, Medical Corps Title: Deputy Commander for Clinical Services Signature: [REDACTED]
--	---

# PRACTITIONER PRIVILEGE ACTION REPORT

of this form, see AR 40-66; the proponent agency is The Office of The Surgeon General

1. Practitioner's Name <b>BLAND, JAMES H.</b>	2. SSN [REDACTED]	3. Rank/Branch CPT/MC	4. Date of Birth (mm/dd/yy) [REDACTED]
5. Medical/Dental Treatment Facility Darnall Army Community Hospital Fort Hood, Texas 76544-5063		6. Reason for submission Initial (X)    Periodic ( )    Final ( )	
7. Date of Original Action: 21 April 1989		8. Method of Problem Identification: (e.g. patient, other staff, Supervisor, QA System, etc.)	

9. Military (X)    Civilian ( ) Volunteer ( )    Civil Svc ( ) AFHSP ( )    Contracted ( ) USUHS ( )    Other (specify) Reservist ( )	10. Clinical Specialty: Psychiatry Board Certification: ( ) Yes (X) No ECFMG # <u>NA</u> (If applicable) Licensure (give state(s) and Expiration Date(s) California, 08 31 89
---	---

11. School (Med, Dent, Nursing, etc) Name: Eastern Virginia Medical School Degree: MD Date Graduated: 06 18 83	12. Postgraduate CHE (give location(s) and date(s) Internship, Letterman Army Medical Center, Presidio of San Francisco, California, 07 01 83 to 06 30 84 Residency, Letterman Army Medical Center, Presidio of San Francisco, California, 07 01 84 to 10 31 84
---	---

13. Copy provided appropriate branch: (X) Yes    ( ) No (If no, specify reason)

( ) TEMPORARY ( ) Limited Suspension (extent and duration) ( ) Total Suspension (duration) ( ) Other (specify: e.g. Temp assignment to non-clinical duties)	(X) PERMANENT ( ) Limited Revocation (extent) (X) Total Revocation ( ) Other (specify)
--	---

15. REASON FOR ACTION	
(X) <del>Alcohol</del> /Drug abuse (specify) Marijuana ( ) Conduct/Behavior ( ) Psychiatric	( ) Incompetent skills ( ) Medical Disability (specify) ( ) Other (specify)

16. FURTHER ACTIONS	17. ADDITIONAL COMMENTS																								
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ACTION	Pending	Completed Date:																							
1. Separated for cause ( )	( )	( )																							
2. Resigned ( )	( )	( )																							
3. Retired ( )	( )	( )																							
4. Flag ( )	( )	( )																							
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7. Other (specify) ( )	( )	( )																							

18. RESTORATION OF PRIVILEGES	
Limited Restoration (specify)	Date of Action

Total Restoration	Date of Action
-------------------	----------------

Preparer Name: [REDACTED] Title: Deputy Commander for Clin Svc Phone Number: AV 738-8482	Releaser Name: [REDACTED] Colonel, Medical Corps Title: Deputy Commander for Clinical Services Signature: [REDACTED] Date: 04 21 89
---	---





SEP  
DEPARTMENT OF THE ARMY  
OFFICE OF THE ASSISTANT SECRETARY  
WASHINGTON DC 20310-1801  
28 MAR 1989



SAMR-RB

MEMORANDUM FOR COMMANDER, U.S. TOTAL ARMY PERSONNEL COMMAND

SUBJECT: Resignation for the Good of the Service  
(CPT James H. Bland, MC, [REDACTED])

The recommendation of the Department of the Army Ad Hoc Review Board that the resignation for the good of the service tendered by CPT James H. Bland, MC, [REDACTED], be accepted with issuance of an under other than honorable conditions discharge, is approved.



Deputy Assistant Secretary  
(DA Review Boards and Equal Employment  
Opportunity Compliance and Complaints Review)

SEP-890503  
SHP-890602  
CODE-DFS  
BAG#-227

TRUE CERTIFIED COPIES  
BY DASG-PSQ *[Signature]*

HSXI-HOS-PO (AFVB-JA-TDS/20 Jan 89) (635a) 1st End Mr Altman/AV 738-8383  
SUBJECT: Resignation for the Good of the Service

Cdr, Medical Company, USA MEDDAC, Fort Hood, TX 76544-5063 25 January 1989

THRU:


Cdr, USA MEDDAC, Fort Hood, TX 76544-5063 *LB*.

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CFA, Fort Hood, TX 76544-5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandria, VA.  
22332-0400

1. Recommend approval. Recommend a Discharge Certificate, DD Form 794A, (Under Other Than Honorable Conditions) be issued.
2. Conditions of paragraph 1-3d(1), AR 635-120 do exist. CPT(P) Bland is pending Courts Martial for violation of Article 112a, UCMJ, for use of marijuana. He was identified through urinalysis. He currently has an active duty obligation through 21 April 1992.
3. Necessary action will be taken to adjust and close any public property or financial accounts of the officer concerned, if applicable.
4. Officer will be scheduled for medical examination in accordance with paragraph 2-1, AR 635-120.

31 Encls  
nc

  
CPT, MS  
Commander

TRUE CERTIFIED COPIES  
BY DASG-PSQ *ATC 10*

HSXI-HOS-PO (AFVB-JA-TDS/20 Jan 89) (635a) 2d End Mr Altman/AV 738-8383  
SUBJECT: Resignation for the Good of the Service

Cdr, USA MEDDAC, Fort Hood, TX 76544-5063 25 January 1989 *LB*


THRU:

Cdr, III Corps & Fort Hood, ATTN: AFZF-AG-CPA, Fort Hood, TX 76544-5056

FOR: Cdr, USTAPA, ATTN: TAPC-OPP-MA, 200 Stovall Street, Alexandria, VA.  
22332-0400

Recommend approval. Recommend a Discharge Certificate, DD Form 794A,  
(Under Other Than Honorable Conditions) be issued.

31 Encls  
mc

  
Colonel, Medical Corps  
Commanding

TRUE CERTIFIED COPIES  
BY DASG-PSQ *me*

# CHARGE SHEET

## I. PERSONAL DATA

1. NAME OF ACCUSED (Last, First, MI) BLAND, JAMES HENRY			2. SSN [REDACTED]	3. GRADE OR RANK CPT	4. PAY GRADE O-3
5. UNIT OR ORGANIZATION Medical Company, U.S. Army Medical Department Activity Fort Hood, TX				6. CURRENT SERVICE	
				a. INITIAL DATE 22 June 1983	b. TERM OBV
7. PAY PER MONTH			3. NATURE OF RESTRAINT OF ACCUSED		
a. BASIC	b. SEA/FOREIGN DUTY	c. TOTAL	9. DATE(S) IMPOSED		
\$2339.10	N/A	\$2339.10	N/A		

## II. CHARGES AND SPECIFICATIONS

The  
Charge:

VIOLATION OF THE UCMJ, ARTICLE 112a

SPECIFICATION: In that Captain James H. Bland, United States Army, U.S. Army Medical Department Activity, Fort Hood, Texas, did, at some unknown location, between 4 October 1988 and 2 November 1988, wrongfully use marijuana, the use of which was detected by biochemical testing of a urine sample which the said Captain James H. Bland submitted to military authorities on 2 November 1988, at Fort Hood, Texas.

TRUE CERTIFIED COPIES  
BY DASG-PSO [Signature]

## III. PREFERRAL

11a. NAME OF ACCUSER (Last, First, MI) [REDACTED]		b. GRADE CPT	c. ORGANIZATION OF ACCUSER Medical Company, USA MEDDAC
d. SIGNATURE OF ACCUSER [Signature]			e. DATE 18 Jan 89

AFFIDAVIT: Before me, the undersigned, authorized by law to administer oaths in cases of this character, personally appeared the above named accuser this 18TH day of JANUARY, 19 89, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either has personal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.

Typed Name of Officer

Second Lieutenant

Grade

Signature

Medical Company, USA MEDDAC

Organization of Officer

Adjutant

Official Capacity to Administer Oath  
(See R.C.M. 307(d)—must be commissioned officer)

12. On 18 January, 19 87, the accused was informed of the charges against him/her and of the name(s) of the accuser(s) known to me (See R.C.M. 308 (a)). (See R.C.M. 308 if notification cannot be made.)

[REDACTED]  
Typed Name of Immediate Commander

Medical Company, USA MEDDAC  
Organization of Immediate Commander

Captain  
Grade  
[REDACTED]  
Signature

IV. RECEIPT BY SUMMARY COURT-MARTIAL CONVENING AUTHORITY

13.

The sworn charges were received at 1440 hours, 18 Jan, 19 89 at Headquarters, USA MEDDAC  
Designation of Command or

Fort Hood, TX  
Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)

XXXXXX  
FOR THE

[REDACTED]  
Typed Name of Officer

Commander, USA MEDDAC  
Official Capacity of Officer Signing

Colonel  
Grade  
[REDACTED]  
Signature

V. REFERRAL: SERVICE OF CHARGES

14a. DESIGNATION OF COMMAND OF CONVENING AUTHORITY	b. PLACE	c. DATE
--	----------	---------

Referred for trial to the \_\_\_\_\_ court-martial convened by \_\_\_\_\_

\_\_\_\_\_, 19 \_\_\_\_\_, subject to the following instructions:<sup>2</sup> \_\_\_\_\_

By \_\_\_\_\_ of \_\_\_\_\_  
Command or Order

[REDACTED]  
Typed Name of Officer  
[REDACTED]  
Grade  
[REDACTED]  
Signature

Official Capacity of Officer Signing

TRUE CERTIFIED COPIES  
BY DASG-PSQ MCD

15.

On \_\_\_\_\_, 19 \_\_\_\_\_, I (caused to be) served a copy hereof on (each of) the above named accused.

[REDACTED]  
Typed Name of Trial Counsel  
[REDACTED]  
Signature

Grade or Rank of Trial Counsel

FOOTNOTES: 1 — When an appropriate commander signs personally, inapplicable words are stricken.  
2 — See R.C.M. 601(e) concerning instructions. If none, so state.

CAUTION: NOT TO BE USED FOR  
IDENTIFICATION PURPOSES



THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT



ANY ALTERATIONS IN SHADED  
AREAS RENDER FORM VOID

DD FORM 214  
1 JUL 79

PREVIOUS EDITIONS OF THIS  
FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE  
FROM ACTIVE DUTY

1. NAME (Last, first, middle) BLAND, JAMES HENRY		2. DEPARTMENT, COMPONENT AND BRANCH ARMY USAR MC		3. SOCIAL SECURITY NO. [REDACTED]			
4a. GRADE, RATE OR RANK CPT	4b. PAY GRADE O-3	5. DATE OF BIRTH [REDACTED]	6. PLACE OF ENTRY INTO ACTIVE DUTY Norfolk, VA				
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Med Co USA MENDAC HSC HS			8. STATION WHERE SEPARATED Fort Hood, Texas				
9. COMMAND TO WHICH TRANSFERRED NA			10. SGU COVERAGE AMOUNT \$ 50 000 <input type="checkbox"/> NONE				
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 60W9C, Psychiatrist, 1 year and 6 months// 60WDC, Psychiatrist, Internship Program, 1 year; Residency Program, 3 years//NOTHING FOLLOWS			12. RECORD OF SERVICE				
			d. Date Entered AD This Period		83	06	22
			e. Separation Date This Period		89	05	03
			f. Net Active Service This Period		05	10	12
			g. Total Prior Active Service		00	00	00
			h. Total Prior Inactive Service		04	00	04
			i. Foreign Service		00	00	00
			j. Sea Service		00	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Army Service Ribbon//NOTHING FOLLOWS			k. Effective Date of Pay Grade		83 06 22		
			l. Reserve Oblig. Term. Date		00 00 00		
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) AMEDD Officer Basic Course, 6 weeks (1973)//AMEDD Combat Casualty Course, 1 week (1983)//NOTHING FOLLOWS							
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID None		
18. REMARKS Dental care was not provided within 90 days prior to separation//NOTHING FOLLOWS							
19. MAILING ADDRESS AFTER SEPARATION 116 Poplar Avenue (Independent City) Newport News, VA 23607				20. MEMBER REQUESTS COPY 6 BE SENT TO VA DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21. SIGNATURE OF MEMBER BEING SEPARATED James H. Bland			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL [REDACTED] USA Transition Point				

TRUE CERTIFIED COPIES  
BY DASG-PSQ [REDACTED]

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION Discharge		24. CHARACTER OF SERVICE (Includes upgrades) Under Other Than Honorable Conditions
25. SEPARATION AUTHORITY Chap 5 AR 635-120		26. SEPARATION CODE DFS
27. REENLISTMENT CODE NA		28. NARRATIVE REASON FOR SEPARATION Conduct triable by court-martial.
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY 6 BE SENT TO VA DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

DEPARTMENT OF THE ARMY  
HEADQUARTERS III CORPS AND FORT HOOD  
FORT HOOD, TEXAS 76544-5056

20 April 1989

ERS A-74-6

AND JAMES HENRY [REDACTED] CPT W2M5 USA MEDDAC FT HOOD  
5AA FT HOOD TX 76544

are reassigned to the US Army transition point shown for transition process-  
After processing, you are discharged from the component shown. If you are  
delayed in reporting to the transition point, you still must report to the  
transition point as soon as possible or as authorized to receive a new effective  
date of discharge.

Assigned to: USA Transition Point (W0VC1A) Ft Hood TX 76544-5056

Reporting date: 3 May 1989

Component: USAR

Date of discharge unless changed or rescinded: 3 May 1989

Additional instructions:  
a) Your mail will be forwarded to 116 Poplar Ave, Newport News VA 23607. (b)  
You will proceed on date of discharge. (c) All Reserve of the Army and Army  
of the United States appointments are terminated.

ARMY USE

h: AR 635-120

k: Newport News VA

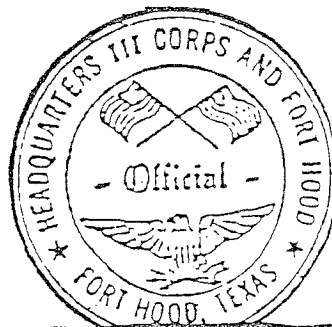
HEAD/OAD: Norfolk VA

3: 7BQ9

BD: NA

mat: 501

THE COMMANDER:



DOL, AG  
Adjutant General

DISTRIBUTION:

1 Clk, Garrison PSC (16)

1 unit concerned (5)

1 Sol Fin, Bldg 121 (4)

ED (2)

T BLAND c/o Sep Clk (10)

A Ofc, III Corps (2)

R Clk, PAD (1)

/A (1)

1 Letting Ofc, Bldg 108 (1)

1 Ofc's Club (1)

1 REC, 3d Fin Gp (2)

1 DA (TAPC-PDT-RS Ms Bush) Alex VA 22332-0400 (1)

TRUE CERTIFIED COPIES  
BY DASG-PSQ *MS*







DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE

RECEIVED  
SACRAMENTO  
MEDICAL BOARD  
OF CALIFORNIA

MAR 25 2 28 PM '93



19 MAR 1993

FROM: HQ AFMOA/SGPC  
170 Luke Avenue, Suite 400  
Bolling AFB, D.C. 20332-5113

SUBJ: Report of Adverse Disciplinary Action

TO: Federation of State Medical Boards  
600 Western Place, Suite 707  
Fort Worth, TX 76107

1. Department of Defense policy requires that we notify licensing agencies of certain actions involving licensed providers. The following is provided:

- a. Individual's Name: Bland, James Henry
- b. Date of Birth: [REDACTED]
- c. Social Security Number: [REDACTED]
- d. Home of Record: 5th Avenue Medical Bldg, Suite 502, 307 5th Ave SE, Minot, ND 58701
- e. Degree: M.D. (1983)
- f. Institution: Eastern Virginia Medical School
- g. State and Number of Licensure: North Dakota #5795, California #A043584, and North Carolina #33619
- h. Military Treatment Facility Involved: 5th Medical Group, 10 Missile Avenue, Minot AFB ND 58705-5024
- i. Date and Action: Clinical privileges revoked, 29 Dec 92
- j. Basis for Action: Doctor Bland's privileges were revoked due to data provided on his privilege application being essentially untrue.

2. Please provide us with a copy of any action you take as a result of this notification. Requests for further information may be sent to Major Steve Putbrese at HQ/AFMOA SGPC, 170 Luke Avenue, Suite 400, Bolling AFB D.C. 20332-5113, (202) 767-2591.

*(Signature)*  
THEODORE P. YURKOSKY, Col, USAF, MC, FS  
Chief, Clinical Quality Management Division  
Air Force Medical Operations Agency  
Office of the Surgeon General

cc: HQ AFMPC/DPMMU  
NGB/SG  
HQ AFRES/SG  
HQ ARPC/SG  
HQ USAFRS/RSHP  
HQ ACC/SG  
ND State Bd of Med Exam  
CA Bd of Med Q & A  
NC State Bd of Med Exam  
Doctor Bland

CA. LICENSE NO. A43584  
ORIGINAL ISSUE DATE 4-27-89  
EXPIRATION DATE 8-31-94  
DISCIPLINARY ACTION NO

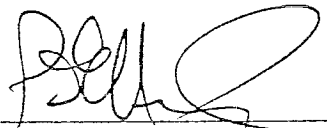
MC 3-30-93

28 USC SECTION 1746 UNSWORN AFFIDAVIT  
UNDER PENALTY OF PERJURY

I am Paul E. Huelskamp, SSgt, of the Air Force Surgeon  
Generals Office, Bolling AFB, DC 20332-5113. I am the  
custodian of the Medical Professional Staffing Record for  
James H. Bland, M.D., which are maintained at the Air Force  
Surgeon General's Office. The attached documents are exact  
copies of documents contained in said file.

I declare under penalty of perjury that the foregoing is true  
and correct. 25 MAY 1993

Executed on \_\_\_\_\_.

  
\_\_\_\_\_  
PAUL E. HUELSKAMP, SSgt, USAF  
Admin. Manager, Clinical Quality Management  
Air Force Medical Operations Agency  
Office of the Surgeon General



DEPARTMENT OF THE AIR FORCE  
5TH MEDICAL GROUP (ACC)  
MINOT AIR FORCE BASE, NORTH DAKOTA

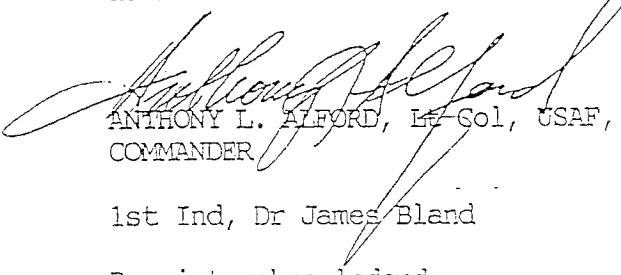
FROM: 5th Medical Group/CC  
10 Missile Avenue  
Minot AFB, ND 58705-5024

29 December 1992

SUBJ: Credentials Function Proceeding in Re: Dr James Bland

TO: Dr James Bland  
5th Avenue Medical Building, Suite 502  
307 5th Ave SE  
Minot, ND 58701

1. Having fully reviewed the record of the subject proceeding, I am approving the recommendation of the credentials function and direct that James H. Bland's privileges be revoked.
2. You are advised of your right to appeal, according to AFR 168-13. My decision will remain in effect during appellate proceedings.

  
ANTHONY L. ALFORD, Lt Col, USAF, MC  
COMMANDER

1st Ind, Dr James Bland

Receipt acknowledged.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
JAMES H. BLAND M.D.

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also want to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

DR JAMES H. BLAND  
5th AVE Med Bldg Suite 502  
307 5th AVE SE  
MINNAPOLIS AFB MD 58701

**4a. Article Number**

P209 415-953

**4b. Service Type**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured                        |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

12-8-92

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

*[Signature]*

PS Form 3841, November 1990 ★ U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**



DEPARTMENT OF THE AIR FORCE  
5TH MEDICAL GROUP (ACC)  
MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: 5th Medical Group/MGH  
10 Missile Avenue  
Minot AFB, ND 58705-5024

1 December 1992

SUBJ: Notification of Executive Committee of the Medical Staff  
Recommendation in Re: Dr James Bland

TO: Dr James Bland  
5th Avenue Medical Bldg, Suite 502  
307 5th Ave SE  
Minot, ND 58701

1. The 5th Medical Group credentials function has made the following recommendation to Lt Col Anthony Alford in your credentials proceeding:

Recommendation to the facility commander is that James H. Bland's privileges be revoked.

2. You have ten duty days from the date of receipt of this notification to submit a letter of exceptions to Lt Col Anthony Alford, if you so desire. Lt Col Alford may grant additional time for good cause. A copy of the hearing is attached per your request.

*Lawrence R. Whitehurst*

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS  
Chairperson, Credentials Function

1 Atch  
Hearing Transcript

1st Ind, Dr James Bland

\_\_\_\_\_  
(Date)

TO: Chairperson, Credentials Function (Col Whitehurst)

Receipt acknowledged. I understand I have 10 days to give a letter of exceptions to Lt Col Alford if I so desire.

\_\_\_\_\_  
JAMES H. BLAND M.D.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

DR JAMES BLAND  
5TH AVE MEDICAL BLDG STE 502  
307 5TH AVE SE  
MINOT ND 58701

**4a. Article Number****4b. Service Type**

- ☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

**7. Date of Delivery**

1-12-93

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

PS Form 3811, November 1990

U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

4

DEPARTMENT OF THE AIR FORCE  
5th Medical Group (ACC)  
Minot Air Force Base, North Dakota

FROM: MGH

1 December 1992

SUBJ: Minutes of Executive Committee of the Medical Staff

TO: Hospital Executive Committee

1. PLACE: CC Conference Room
2. TIME/DATE: 1530, Tuesday, 24 Nov 92
3. ATTENDANCE:

a. Present:

Col Lawrence R. Whitehurst, MC; Chief, Hospital Svcs (Chairperson)  
Lt Col Robert E. Clover, MSC; Hospital Administrator  
Lt Col Albert P. Fischer, MC; Chief, Radiology Services  
Lt Col David W. Walsh, MC; Chief, Emergency Services  
Maj Timothy J. Flock, MC; Chief, ~~Orthopedics~~ (for Maj Fortier)  
Maj Charles P. Kielkopf, 5 BMW/JA, Legal Advisor  
Maj Dan R. Hansen, MC; Chief, Medical Services  
Capt Joseph E. Fruland, MC; Chief, ~~Flight/Missile Medicine~~ (for  
Lt Col Contiguglia)  
Capt Thomas D. Weston, BSC; Asst Chief, Primary Care Svcs (for Maj Povich)  
Joe Boucher, Civ, QA Coordinator  
Sam Fulton, Civ, Recorder

b. Absent:

Lt Col Joseph J. Contiguglia, MC; Chief, Aerospace Medicine (Exercise)  
Maj George M. Fortier, MC; Chief, Surgical Services (Leave)  
Maj Mark A. Povich, MC; Chief, Primary Care Services (TDY)

c. Visitor:

Lt Col Laura Boone, NC; Chief, Nursing Services  
Lt Col Karby L. Hertz, NC; Asst Chief, Nursing Services

b. Ref para 7.a. of 8 Sep 92 Credentials Meeting, re Provider #070383 and adverse report from the Federation of State Medical Boards. Hearing was held 3 Nov 92, hearing committee findings of fact was that data contained on the AF Form 1540 submitted by provider is essentially untrue. Unanimous recommendation of committee was that provider's privileges be revoked. Committee concurred with recommendation of hearing committee. Recommendation will be forwarded to the MFC. (OPEN: SEP 92, OPR: SGH, EDC: DEC 92)



DEPARTMENT OF THE AIR FORCE  
5TH MEDICAL GROUP (ACG)  
MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: 5th Medical Group/SGH  
10 Missile Ave  
Minot AFB, ND 58705-5024

20 October 1992

SUBJ: Notification of Credentials Hearing

TO: Dr. James Bland  
5th Ave Medical Bldg, Suite 502  
307 5th Ave SE  
Minot, ND 58701

1. I have scheduled a hearing, per your request, with regards to the recommendation of the Credentials Committee that your clinical privileges be revoked at this facility.
2. Allegations being addressed are: Failure to give truthful and correct answers in response to questions asked on AF Form 1540 (Application for Clinical Privileges.) Specifically in Part VIII, subsections A, D, G, and H. Documentation confirming your misrepresentation is in either your possession or that of your counsel, Mr Richard Thomas.
3. The hearing is scheduled for Tuesday, 3 November 1992 at 1300 in the Military Courtroom on the 2nd floor of Building 975 at Minot Air Force Base. You have the right to present evidence and call witnesses in your behalf, and to consult and be represented by legal counsel. It is your responsibility to arrange for the presence of any witness you desire and to present both written and oral evidence in your behalf. I refer you to Attachment 2, AFR 168-13 for more detailed information on the conduct of an Air Force Credentials hearing and your rights.
4. Failure to appear at the appointed time and specified place will be construed as a waiver of those rights set out in paragraph 3.
5. The chairperson of the credentials hearing committee may change the time and place of the hearing upon your written request, if based on good cause.
6. If you have further questions with regards to this matter, please contact my office or the base legal assistance office.

*Lawrence R. Whitehurst*

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS  
Chief, Hospital Services  
Chairperson, Credentials Function

1 Atch  
AF Form 1540

1st Ind, Dr Bland

(Date)

TO: Chairperson, Credentials Function

I acknowledge receipt of the Letter of Notification of Hearing, dated 19 Oct 92.

JAMES BLAND, M.D.

*Global Power for America*



SGASA-92-50

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DR JAMES BLAND  
5TH AVE MEDICAL BLDG SUITE 502  
307 5TH AVE SE  
MINOT ND 58701

4a. Article Number

R612 156 625

4b. Service Type

- ☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

KC 10-21-82

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)



DEPARTMENT OF THE AIR FORCE  
5TH MEDICAL GROUP (ACG)  
MINOT AIR FORCE BASE, NORTH DAKOTA

FROM: SGH

8 September 1992

SUBJ: Notice of Intent to Recommend Revocation of Privileges

TO: James Bland, M.D.

1. The Credentials Committee has reviewed the completed investigation of false statements made on your AF Form 1540, Application for Clinical Privileges and regrets to inform you that we intend to recommend revocation of your clinical privileges and termination of your medical staff appointment at the 5th Medical Group. Our investigation has revealed that you received an "Other than Honorable" discharge from the United States Army in lieu of court marshal for illegal use of a controlled substance, marijuana. We have received official notification from the Office of the Surgeon General of the United States Army that your clinical privileges were revoked on 21 April 1989 as a result of the drug incident which occurred in January 1989. It is unbelievable to the Committee that you could have been totally unaware that actions this serious were being taken against you. Our investigation has also revealed that you characterized your discharge from the Army as honorable when you applied for a license to practice medicine in North Dakota. Again, it is impossible for the Committee to believe that you did not know at the time you applied for a license in North Dakota that your discharge would be other than honorable, since you were resigning in lieu of court martial.

2. In response to your question in your letter of 26 Aug 92 as to why this issue has now been raised, I must remind you that we had no knowledge of this problem at the time you applied for privileges since you made no mention of it in any of your communications with us. Had HQ Air Force not directed us to accomplish a 100% review of all civilian physicians with the Federation of State Medical Boards, we might never have known about this problem. We notified you of the problem as soon as we received the notification from the Federation of State Medical Boards. We requested a legal review of our actions in this case from the local Staff Judge Advocate of Minot Air Force Base and he has concluded that the conditions placed on your license by the State of North Dakota do constitute a limitation and it was therefore reasonable of us to expect you to report them. We regret that we have had to recommend so severe an action in your case, but in matters of physician integrity the Air Force will accept nothing less than total honesty on the part of those physicians whom we employ or with whom we make agreements, partnerships or contracts.

3. You are advised that you have the right upon your request, to have a credentials hearing committee review this action. To have this hearing you must make a written request to me within 30 days from the date you receive this notification. If you fail to ask within that time, or if you fail to appear at a hearing so requested, you waive your rights to the hearing.

4. Depending on the outcome of this action, HQ USAF/SCPO may report the matter to appropriate professional regulatory agencies. I refer you to AFR 168-13,

*Global Power for America*

attachments 2 and 3, for information on the specific procedures involved with this action and your rights.

*Lawrence R. Whitehurst*

LAWRENCE R. WHITEHURST, Col, USAF, MC, FS  
Chief, Hospital Services  
Chairperson, Credentials Committee

1st Ind, Dr Bland

(Date)

TO: Chairperson, Credentials Committee

I acknowledge receipt.

JAMES H. BLAND, M.D.

This form must be completed at the PO and compared against the customer's receipt. DO NOT FURNISH THIS FORM TO CUSTOMERS.

1b. For return receipt after mailing ATTACH appropriate fee as shown in Section 932.2 of the DMM.		• CUSTOMER:—Complete items 1 or 2 and 3 through 9 below. Add your address in the "RETURN TO" space on reverse.	
		<input checked="" type="checkbox"/> 1 <sup>a</sup> AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery. (Attach appropriate fee as shown in Section 932.2 of the DMM) <input type="checkbox"/> 2 <sup>a</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered and date of delivery. <input type="checkbox"/> 2 <sup>b</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.	
Mailing post office postmark to indicate fee previously paid for item 2.		3. Mailing Date 9 Sep 92	4. COD No.
5. Registered No. R612-156-591	6. Certified No.	7. Insured No.	8. Express Mail No.
9. Article Addressed To DR JAMES BLAND 5TH AVE MEDICAL Bldg Suite 502 307 5TH AVE SE MINOT ND 58701			
POSTAL RECORDS SHOW DELIVERY	10. To M. Smette		14. Postmark of Delivery Office SEP 25 1992 Do not process if Ser above is not cc ed.
	11. Date of Delivery Sept 10, 1992		
	12. Address (Complete only if requested) 307 5th Av SE MINOT ND 58701		
		13. Clerk's Initials RE	

PS Form 3811-A, Dec. 1985

REQUEST FOR RETURN RECEIPT (AFTER MAILING)

JAMES H. BLAND, M.D.  
DIPLOMATE OF THE  
*American Board*  
OF PSYCHIATRY AND  
*Neurology*  
307 5TH AVE., S.E.  
MINOT, N.D. 58701  
AUGUST 26, 1992

To: Col. Lawrence R. Whitehurst, USAF, MC, FS  
Chairperson, Credentials Function

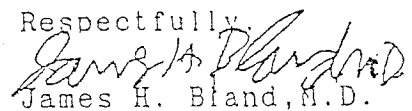
1. I have received your correspondence dated 28 July 1992 (please see the enclosed copy). And I have received a copy of the "Health Care Provider Clinical Privileges Action Report" dated 28 July 1992 (please see the enclosed copy). And as I have mentioned to you, I dispute your allegation that I knowingly provided false information on my AF form 1540, application for clinical privileges, in which I denied ever having my clinical privileges limited, restricted, or revoked at another institution, and that your license to practice medicine had never been limited, suspended, or revoked and that I have never been arrested or treated for drug or alcohol abuse.
2. I thus request all information from your investigation of this matter be made available to me as soon as possible. I am still attempting to obtain information from Office of The Surgeon General. Please find enclosed a copy of information I have from the Federation of State Medical Boards, MD 214 Letter From Col. Kolmer.
3. As Mr. Sletten of The North Dakota Board of Medical Examiners mentioned to you telephonically, My medical license has no restrictions on scope of practice. Also, the board has been reassured through repeated random drug testing of my not using controlled substances. Additionally, There is no hospital on earth that informed me of any limitations on my clinical privileges previously. I have only recently first learned from you, self that the Office of The Surgeon r voked my clinical privileges on 4/21/89. Since, I was not aware of this when I applied for privileges at your hospital, I couldn't have reported it to you.
4. My application for clinical privileges to your hospital included written permission from me for you to check my Army and clinical background, so I am puzzled why these allegations are coming up three years later, and feel I am being injured

unjustly by your action on 28 July 1992 notice.

5. Circumstances around my exit from the U.S. Army on May 4, 1989 were as follows. In Dec. on 1988, I was informed by my commander, a random urine toxicology screen of mine was positive for THC. The Commander of Darnall Army Community Hospital ordered an emergency meeting of the hospital's credentials committee which ruled that my clinical privileges be left intact. Command then initiated courts martial proceedings against me. My attorneys advised that a courts martial would damage me too much. They prevailed upon me to reluctantly, very reluctantly, resign my commission as an officer. On April 21 1989, DA approved my resignation with a general under other than honorable discharge and then unbeknownst to me apparently, OSG revoked my clinical privileges in the military. Prior to my resignation, Army Drug and Alcohol officials after evaluating me found I had no chemical dependency.

6. In summary, I request immediate institution of my clinical privileges and am prepared to reassure your hospital just as I have all other requesting agencies of any suspicions of drug use by allowing random toxicology screens as felt needed.

Respectfully,

  
James H. Bland, M.D.

# APPLICATION FOR CLINICAL PRIVILEGES

**AUTHORITY:** Title 10, U.S.C. Chapter 55 and Sections 8067 and 8012.

**PRINCIPAL PURPOSE(S):** To evaluate each practitioner's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical procedures.

**ROUTINE USE(S):** Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

## APPLICANT COMPLETES SECTION I THROUGH IX

I. IDENTIFICATION				
NAME (Last, First, Middle Initial) BLAND, JAMES H.	GRADE NA	SSN [REDACTED]	DATE 05-01-91	
HOME ADDRESS (City, State and ZIP Code) 1607 11th Street SW, Minot, ND 58701		DUTY PHONE NO. 701 839 4279	HOME PHONE NO. [REDACTED]	
MEDICAL FACILITY/UNIT OF ASSIGNMENT NA	DUTY SECTION NA	PRIMARY/SECONDARY AFSC NA	SPECIALTY Psychiatry	CORPS NA

II. PROFESSIONAL EDUCATION				
NAME OF PROFESSIONAL SCHOOL	LOCATION	DATES ATTENDED		DEGREE
		FROM	TO	
Eastern VA Medical School	Norfolk, VA	1980	1983	M.D.
University of VA	Charlottesville, VA	1975	1980	B.A.
University of VA ROTC	Charlottesville, VA	1975	1980	Commissioned as 2LT U.S. Army

III. POST GRADUATE TRAINING (Internship, Residency, Fellowships)				
NAME OF HOSPITAL OR INSTITUTION	LOCATION	TYPE PROGRAM (Residency, etc.)	DATES ATTENDED	
			FROM	TO
Letterman Army Medical Center	Presidio of San Francisco	Psychiatry Residency	07-84	10-8
Letterman Army Medical Center	Presidio of San Francisco	Categorical Psychiatry Internship	07-83	06-8

IV. PRESENT AND PREVIOUS MILITARY AND CIVILIAN ASSIGNMENTS (Continue on Reverse)				
NAME OF HOSPITAL OR ORGANIZATION	LOCATION	SERVICE OR SPECIALTY TO WHICH ASSIGNED	DATES ATTENDED	
			FROM	TO
Letterman Army Medical Center	Presidio of San Francisco	Psychiatry	06-83	10-
Darnall Hospital	Fort Hood, TX	Psychiatry	12-87	05-

NAME OF HOSPITAL OR ORGANIZATION	LOCATION	SERVICE SPECIALTY TO WHICH ASSIGNED	FROM	TO
Darnall Hospital	Fort Hood, TX	Psychiatry	12-87	05-89
Letterman Army Medical Center	Presidio of San Francisco CA	Psychiatry	06-83	10-87

V. CERTIFICATION/LICENSURE (List all. If additional space is needed continue on separate sheet of paper.)

FULLY QUALIFIED (Specialty)		BOARD ELIGIBLE IN	
		PSYCHIATRY	
BOARD CERTIFICATION BY (Specialty Board)	CERTIFICATE NUMBER	DATE ISSUED	EXPIRATION DATE
STATE LICENSURE (Name of State)	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE
California	A043584	04-27-87	
North Dakota	5795	07-21-89	

VI. MEMBERSHIP IN PROFESSIONAL SOCIETIES (If additional space is needed continue on separate sheet of paper.)

NAME OF SOCIETY	STATUS (Member, Fellow, etc.)
American Psychiatric Association	Member
American Medical Association	Member
North Dakota Medical Association	Member
National Medical Association	Member

VII. REFERENCES (Every practitioner MUST list three references. Two must be the former Chief of Professional Services and service chief at your previous facility, if you had them.)

NAME	ADDRESS (City/State, Zip Code)	TELEPHONE NUMBER
BERCHMANS RIOUX <i>F. A. R.</i>	Minot, ND <i>TPB</i>	701 839 7100
PIERRE RIOUX <i>K. L.</i>	Minot, ND <i>- P3</i>	701 852 0735
IRWIN EPSTEIN	Minot, ND	701 852 6666

VIII. CREDENTIALS ACTION HISTORY (If answer to any of the following questions is "YES," give full details in "Remarks" or on separate sheet of paper.)

	YES	NO		YES
A. HAS YOUR LICENSE TO PRACTICE MEDICINE IN ANY JURISDICTION EVER BEEN LIMITED, SUSPENDED OR REVOKED?		X	G. HAVE YOU EVER BEEN ARRESTED OR TREATED FOR DRUG OR ALCOHOL ABUSE?	
B. HAVE YOU EVER BEEN REFUSED MEMBERSHIP IN A HOSPITAL MEDICAL STAFF?		X	H. HAVE YOU EVER BEEN CHARGED IN A FELONY CASE?	
C. HAS YOUR REQUEST FOR ANY SPECIFIC CLINICAL PRIVILEGES EVER BEEN DENIED OR GRANTED WITH STATED LIMITATIONS?		X	I. HAVE YOU EVER BEEN A DEFENDANT OR THE SUBJECT OF A MEDICAL MALPRACTICE LIABILITY CLAIM, SETTLEMENT, JUDICIAL OR ADMINISTRATIVE ADJUDICATION, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL OR SUBSTANDARD CARE?	
D. HAVE YOUR PRIVILEGES AT ANY INSTITUTION EVER BEEN LIMITED, RESTRICTED, OR REVOKED?		X	IF "YES" WAS THE MATTER:	
E. HAS YOUR NARCOTICS REGISTRATION EVER BEEN SUSPENDED OR REVOKED?		X	(1) SETTLED PRIOR TO FINAL COURT ACTION?	
F. HAVE YOU EVER BEEN DENIED MEMBERSHIP OR RENEWAL THEREOF, OR BEEN SUBJECT TO DISCIPLINARY ACTION IN ANY MEDICAL ORGANIZATION?		X	(2) JUDGMENT RENDERED BY COURT?	
			(3) DEFENDANT FOUND LIABLE?	
			(4) MATTER STILL PENDING?	
			J. HAVE YOU EVER HAD OR PRESENTLY HAVE A SIGNIFICANT MEDICAL (including mental health) PROBLEM?	

IX.

**STATEMENT OF APPLICANT**  
(PLEASE READ CAREFULLY BEFORE SIGNING)

All information submitted by me in this application is true to the best of my knowledge and belief. In making this application for clinical privileges at this hospital, I acknowledge my obligation to provide continuous care and supervision of my patients, to accept committee assignments, to accept consultation assignments, and to participate in staffing the emergency area and other specialty care units.

I certify that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.

I hereby authorize the hospital, its medical staff, and their representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated and with others who have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the hospital, its medical staff, and its representative of all documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability any and all individuals and organizations who provide information to the hospital, or its staff, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for clinical privileges, and hereby consent to the release of such information. I further agree to release and hold harmless from any liability the United States and any and all persons who participate within the scope of their duties in good faith and without malice in the review of or any action or recommendations relating to my professional competence, ethics, character, and other qualifications. I hereby further authorize the hospital to communicate to other hospitals and to other persons or organizations with a legitimate interest therein any information concerning my professional competence, character, and ethics that the hospital may have or acquire, and, where such communication is made in good faith and without malice, I consent thereto and agree to hold the hospital and its authorized representatives free from liability, therefor. I understand and agree that I, as an applicant for clinical privileges, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications. I further acknowledge that I am familiar with the principles and standards of the Joint Commission on Accreditation (JCAH) and will cooperate with the hospital in maintaining JCAH standards for the hospital. I also agree to conduct any practice according to high ethical traditions. I particularly agree to subject my clinical performance to, and faithfully participate in, the hospital's quality assurance programs as the same shall from time to time be in effect.

SIGNATURE OF APPLICANT

*Barney H. Bland, M.D.*

DATE

05-01-91

**FOR CREDENTIAL COMMITTEE USE ONLY**

X.

**REVIEW**

RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL<sup>1</sup>

RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL<sup>1</sup>

☒ APPROVAL WITH MODIFICATION<sup>1</sup>

☐ APPROVAL WITH MODIFICATION<sup>1</sup>

SIGNATURE OF SERVICE CHIEF

DATE

19 June 91

SIGNATURE OF DEPARTMENT CHAIRPERSON

DATE

XI.

☒ PROVISIONAL, ☐ COURTESY, OR ☐ CONSULTING PRIVILEGES

DATE

☒ APPROVAL ☐ DISAPPROVAL<sup>1</sup> ☒ APPROVAL WITH MODIFICATION<sup>1</sup>

FROM 10 JUN 91 TO 10 JUN 92

DATE

10 JUN 91

SIGNATURE OF MEDICAL FACILITY COMMANDER OR DESIGNATED REPRESENTATIVE

*Lawrence R. Whitburn*

XII.

**CREDENTIALS COMMITTEE RECOMMENDATION**

DEFINED PRIVILEGES

☐ APPROVED

☐ DISAPPROVED<sup>1</sup>

☒ APPROVED WITH MODIFICATION<sup>1</sup>

DATE

26 May 91

SIGNATURE OF CREDENTIALS COMMITTEE CHAIRPERSON

*Lawrence R. Whitburn*

XIII.

**MEDICAL FACILITY COMMANDER APPROVAL**

CLINICAL PRIVILEGES

☐ APPROVED

☐ DISAPPROVED<sup>1</sup>

☒ APPROVED WITH MODIFICATION<sup>1</sup>

DATE

27 May 91

SIGNATURE OF MEDICAL FACILITY COMMANDER (MFCOM Surgeon if MFC is not a physician)

*Whitburn*

REMARKS

19 Jun 91 - Modifications are as follows: Item A.4.e, Biofeedback was requested as a (1), however approved as a (3), due to lack of facility support.





STATE OF NORTH CAROLINA

In re:	)	
	)	CONSENT ORDER
JAMES H. BLAND, M.D.,	)	
Respondent	)	
	)	

THIS MATTER is before the Board of Medical Examiners of the State of North Carolina ("Board") regarding certain matters with respect to James H. Bland, M.D. ("Respondent"); and

Whereas, the North Dakota Board of Medical Examiners on September 14, 1993, entered an Order revoking the license of Respondent with the revocation stayed on certain conditions; and

Whereas, the Order of the North Dakota Board of Medical Examiners was a result of a complaint issued on March 3, 1993 alleging that Respondent gave false information on his application for a North Dakota medical license, by indicating that he had received an honorable discharge from the United States Army on April 15, 1989, when in fact his discharge was "under other than honorable conditions"; and

Whereas, the foregoing constitutes grounds under N.C.Gen.Stat. Section 90-14(a)(13) for revocation of Respondent's license to practice medicine in North Carolina; and

forth and the Board finds that it would be in the public interest to so proceed.

Now, therefore, with the consent of Respondent, it is hereby ordered that Respondent's license to practice medicine in the State of North Carolina is hereby revoked; provided however that such revocation is stayed upon the following terms and conditions:

1. Respondent shall abide by the terms of September 14, 1993 order of the Board of Medical Examiners of the State of North Dakota.
2. Respondent shall submit to a psychiatric evaluation by a psychiatrist acceptable to the Board and assure that a copy of the evaluation by that psychiatrist is provided to the Board.
3. Respondent shall not practice medicine in North Carolina until such time as he receives written approval from the Board including any limitations on Respondent's practice as the Board deems appropriate.
4. Respondent shall abide by all laws.
5. Failure of Respondent to abide by the terms of this order shall be grounds for revoking the stay issued herein.
6. Upon execution, this consent order shall become a public record within the meaning of Chapter 132 of the North Carolina General statutes and shall be subject to public inspection and dissemination.

BOARD OF MEDICAL EXAMINERS OF THE  
STATE OF NORTH CAROLINA

By: John Wesley Nance  
John Wesley Nance, M.D.  
President

ATTEST:

Bryant D. Paris, Jr.  
Bryant D. Paris, Jr.  
Executive Secretary

Consented to this the 24<sup>th</sup> day of February, 1994.

James H. Bland, M.D.  
James H. Bland, M.D.

Subscribed before me by  
James H. Bland, M.D.  
this the 24<sup>th</sup> day of February, 1994.

Mary Sue Knutson  
Notary Public

My Commission expires: MARY SUE KNUTSON  
Notary Public, Ward County, N. Dak  
My Commission Expires July 25, 1995